THE

MEDICAL AND SURGICAL REPORTER.

No. 1409.] PHILADELPHIA, MARCH 1, 1884. [Vol. L.—No. 9.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MILK, GOOD AND BAD.

BY SAMUEL PETERS, M. D.,

Cohoes, N. Y.

The agitation that has been going on for years past in our large cities in reference to this subject has resulted in a full decision of the fact that there is good milk and bad milk; that good milk is sadly the exception in cities of any size, and bad milk the rule; that good milk is nature's own perfect combination of all the nutrient principles required for our nourishment, and suitable for all ages and almost all conditions, whereas bad milk is deleterious to persons of any age, especially and particularly to tender infants and young children, causing and keeping up such an indigestion and stomach disease as to produce our most dreaded diseases, such as cholera infantum, diarrhœa, dysentery, marasmus, fevers, restlessness, etc. So constantly has this been demonstrated and proved over and over to be the truth, that careful physicians are always afraid of it in the cities, whereas they are hearty and free in recommending it in the country. In the latter place, where it is pure, they find it not only admissible, but absolutely desirable, in any case where the body needs active support; and in infants where the natural food, the mother's milk, is unhealthy, insufficient in quantity, or altogether wanting, infants are feeble and pale in the cities as a general rule, plump and hale in the country. A large percentage die in the cities; a very small proportion in the country. In the places where the milk has been rendered impure and unfit for use, the physician finds his remedies only partially successful, where they should and would be speedily so, owing to the fact that the principal, or certainly one of the active causes remains, namely, improper food. One hundred often die in a single day in New York city, fed as they are on inferior milk, whereas probably not ten per cent. of that number would succumb if furnished the pure, natural, delicious milk as one article of their food.

Hence, in infants artificially fed, the habit of physicians in our larger cities is to send at once their little patients, affected with cholera infantum for instance, directly into the country, alleging, as the principal reason, the benefit to be derived from the pure air—whereas, as they may or may not know to the full extent, the efficient cause of the expected improvement is the improved, or rather the perfected diet the infant is to receive. This, surely, is a commendable fashion, and has been the means of saving thousands of precious little lives, and in the writer's opinion, a fashion that cannot become too general.

The causes of bad milk in the cities are various. They may be studied with a fair degree of certainty, but probably they can never be removed. Their nature is such that avarice and deceit can and will maintain the ascendency.

The object of this paper is not so much to enumerate all the causes that contribute to the production of bad milk as it is to speak of the direct and decided injury that milk receives from the bad feeding of our dairies.

Because a cow will eat almost anything when it is hungry, is not proof that such food is always proper. I need not here refer to the long-estab-

lished fact that the character of the food gives character to the milk. For instance, mothers are well aware that indulgence in certain articles of diet affects her nursing child; therefore, she is careful in avoiding improper food. Physicians often prescribe remedies for the infant by giving them to the mother. Pavy mentions the fact that saffron and madder given to cows or other animals, colors the lacteal secretion; that cabbage and onions impart odor to this fluid; that bitter articles render it bitter, etc. The same authority informs us that both meat and milk may be poisoned by certain articles of food, without the animal itself being poisoned or even sensibly affected. Cows as well as human mothers may continue to secrete colostrum for a long period—of course an entirely improper food for persons of all ages. Infants may be purged or even salivated through the mother. Colds, and even fevers, are supposed to be taken from the mother.

Grass-fed cows, kept in warm, well-ventilated quarters, if healthy themselves, afford healthy milk, unless for some unknown reason colostrum continue to be unduly secreted. I know a marked instance of this: A family in the country kept two cows, both young and healthy; the milk of each was apparently identical. A child of the family was given for its ordinary diet the milk from one of these cows. When the child's mother wished to administer a cathartic to her infant, she gave it the milk from the other cow, and it was always sufficient. Now, suppose the mother had persisted in trying to rear this child on the milk of this second cow, the result can be readily anticipated. Clinical experience is worth more than all the theories that can be advanced. We may not always be able to point to the identical article that acts as the primary cause in inducing a child's discomfort or disease, yet such clinical experience may finally lead to beneficial results. A child begins, for instance, to decline in health; nutrition is evidently imperfect; its color is changed; its evacuations have an abnormal appearance; it is restless night and day. Send it away into the country, and rapidly it begins to improve; the mother or nurse neglects the doctor's medicine, the child is well. Now, what other process of reasoning can appear so plausible as that the diet has improved and cured the child? It is true, air is an important pabulum, but it surely is no more important than food; and here again clinical experience teaches us that perfected diet cures probably more cases than perfected air; one of these remaining unchanged. I say *more*, perhaps, in fairness, this expression should be modified so that both appear equal. Each needs its share of attention; each must be jealously watched. Hence the conclusion is fairly this: bad milk is one of the serious evils, and is to be found almost exclusively in the cities, where milk is supplied by pedlars from the larger dairies, the managers of which make it a business for the very purpose of realizing the largest returns possible.

In such cases it is natural to strain every possible point that promises the largest profit. The dairies are kept at the smallest possible expense. The cows are huddled together in narrow, filthy apartments, often given the coarsest and cheapest of grass or hay; food that cannot be economized for any other purpose; dirty, coarse, half-spoiled clover, refuse material and slops from the house, rancid dish-water often, and refuse vegetables in a fermenting state; grains from sunken boats, that are sour and undergoing the putrefactive process; potatoes that are half rotten, and other damaged and worthless vegetables.

By such a process, a small farm often supports a large dairy; the number of acres, perhaps, less than half the number of cows. The country is ransacked for cheap feed; sugar-houses and breweries are besieged for every pound of refuse that can be produced—this refuse often, and indeed generally, in an advanced state of decomposition, if not soon becoming so—all fed as carefully as possible, and so long as its putridity does not prevent the poor cows from eating it. The small balance, if any, is then thrown away, with many regrets that animals would not gobble down the whole, good or bad. Such is too often the fountain that supplies our milk, and such is the description of facts that must obtain to a greater or less extent everywhere—that is, where dairy farming is made a business.

Milk we must have, and we must digest it as well as we can. Adults generally in health can accomplish the task, but out of health, it too commonly becomes a problem. The curd becomes hard and indigestible, especially in the stomach of a person, for instance, whose temperature during a typhoid fever stands at 103° or more; whereas, the curd of healthy, pure milk should be soft, porous, and easily digested.

Here comes the "tug of war." The patient must have active support to enable him to tide over the fever period; he must have concentrated food—food that contains all the requisites of the animal body, and as nearly as possible in their proper proportions. And we well know, pure milk is all this; all that we can ask for; nature's own food,

and, of course, perfect; a food that can hardly be substituted. Then to find our patient becoming restless, his temperature rising, having, perhaps, evacuations of undigested curd, or, more likely, no evacuations at all; bowels tender, with slight colicky pains—we cannot but make the resolve that, at any risk, we must discard the milk; and we cannot but harbor a hearty wish, further, that we could secure the pure, rich, perfect milk from the country.

After all, such a condition of things is nothing to that of a child that is to be artificially reared or largely fed on milk, especially such milk as is too often distributed to city consumers. Here not only the health, but the very existence of the child is in jeopardy. The little one dwindles, becomes diseased, drugs are carefully and skilfully administered, but fail; and the patient dies, virtually from the effects of a slow and insidious poison, namely, bad milk.

The various forms of improper dairying have been spoken of, and it remains only to allude to one which seems to me to be the most common and the most dangerous of all, viz., the feeding of sour or fermenting articles of whatever form or nature, either slops from the kitchen, wet grain, refuse grain, and other material from breweries and sugar-houses, or glucose factories; any and all of these, if in a fermenting state.

These, if fed in any but a very limited amount, deteriorate the quality of milk, and should be absolutely discarded by all dairymen. The happy day when they decide to do this will be undoubtedly long in coming, but as sure as intelligence increases among the masses to a proper extent, so sure is the day to dawn.

The importance of this question has not escaped the attention of our State Board of Health. See second annual Report, page 503; also page 704. I have in my possession an autograph letter from the Secretary of this Board, Dr. Elisha Harris, which refers to the point in question, an extract of which I here give. He says, "Concerning the wet and sour feed for milch cows, I can add nothing to what I wrote you some months ago. The cows become sickly and die in the course of two or three years. Their milk, at first redundant in butter, becomes disordered as organic disease and asthenia supervene."

"This Board now has four inspectors devoted exclusively to inspection and protection of milk supplies, and we hope that useful results may be attained."

It should be here stated that these refuse grains from brewing and glucose houses are not so injurious if rapidly and perfectly dried, so that fermentation is perfectly and permanently arrested. This, however, I apprehend, is rarely accomplished, the fermenting process recurring after a number of days, because not fully arrested.

CHRONIC NASAL CATARRH IN CHILDREN.

BY HARRISON ALLEN, M. D.

Professor of Physiology in the University of Pennsylvania.

(*Continued from page* 231.)

Frequency and Diagnosis.—From a somewhat extended experience in the treatment of these and allied disorders, the writer has concluded that chronic nasal catarrh in the child is a rare disease, and must be separated from the catarrhs which are so common with the children in this community. A child otherwise healthy, who contracts a severe cold, may have a duration of the nasal discharge for a time, which excites the apprehension of the parents, and the advice of the physician is asked. If no other sign exists but the discharge, that is to say, if the characters already enumerated are absent, the case can be diagnosticated, *subacute nasal catarrh.* If, however, in connection with the discharge, distinct evidences of malnutrition exist—as instanced in the skeleton—in the tonsils, nails, and teeth, the diagnosis of *chronic nasal catarrh* can be made.

Congenital Malformation.—While causes operating upon the fœtus may be said to create the conditions which have just been recognized, it is also true that an entirely distinct class of pre-natal influences is effective in creating nasal catarrh. In a case of absolute atresia of both nasal chambers—with which condition was associated defective speech—the effect to the ear of the listener was almost identical with that produced in cases of cleft palate, notwithstanding the fact that the palatal and the pharyngeal mechanism were normal. In another case, that of a child three years of age, it was noticed that after an attack of scarlet fever the child could no longer breathe through the nose. The parents were inclined to attribute this condition to changes brought on in the nose by the attack of illness. Inasmuch, however, as the left side was absolutely occluded and the right side merely permitted a cotton-tipped probe to pass through into the pharynx; and in addition, the fact that the hard palate was narrowed and very high arched, while lachrymal obstruction and fistules existed on both sides, being more on the left, the conclusion was drawn that the condition was congenital, and was due to errors in the formation of the bones of the face. In this case

the angles of the mouth were excoriated, the cervical lymphatic glands were enlarged, and the existence of congenital syphilis was evident, although the teeth were not pegged nor the cornea hazy.

Effects of Local Injury.—The extent to which local injury influences the shape of the nasal chamber has a special bearing upon the subject of nasal catarrh in children. As a result of the frequent falls upon the face, it has been assumed that the deflection of the nasal septum, which is so common in the adult, may arise from this cause. While it is conceded that blows on the nose may deflect the septum, and thus induce obstruction and nasal distress, it is in the experience of the writer a rare occurrence. He has met with four cases only of such a condition, and in one of these a marked hereditary condition existed in other members of the family to nasal catarrh.

Prognosis.—The prognosis of simple cases of acute, and of subacute nasal catarrh is always favorable. The prognosis of the chronic cases should be guarded. Success depends to such an extent upon the recuperative power of the constitution of the patient, and to the character of the surroundings, that it is difficult to fix upon any one issue to all cases. It has already been seen that if neglected, the disease may be as noticeable in adult life as in childhood. Assuming the premises as to the nature of chronic nasal catarrh to be correct, it is evident that a cure cannot be expected until the development of the larger medullary cavities of the bones is completed. Under appropriate treatment the disease is so far kept under control that all suffering abates and disappears, at the same time that the general system remains in an unsatisfactory state. Of such cases, a reasonable hope may be held out that the disease will be entirely cured by the twenty-first year.

Treatment.—The details of the treatment may be embraced under the following heads:

(1) Removal of the obstruction of the discharges and the reduction in size of the swollen membranes.

(2) The applications of mercurial ointment to the vestibule.

(3) Straightening the nasal septum and overcoming atresia.

(4) The administration of general tonics, etc.

(1) The removal of the daily accumulation of the discharge in the nose and naso-pharynx is a matter of great moment. If the discharge is in the nose, it may be removed by dropping into the nose by a pipette (the head being thrown back) a few drops of a detergent lotion. In a short time time the fluid is felt in the throat. It is very gratifying to notice the prompt relief which follows the judicious use of such remedies to the nasal mucous membrane, particularly, if the medicine be allowed to trickle in small quantities along the lower border of the inferior turbinated bone.

When a mucoid discharge collects in the naso-pharynx, it is best removed by the use of the pharyngeal syringe. The instrument used should be smaller than the one sold under this name. An instrument of convenient form can be improvised by attaching an Eustachian catheter to the nozzle of a No. 1 India rubber syringe, or to the smaller syringe used by dentists. The rule should be subject to no exception that the liquid is to be placed above the palate with the greatest care and gentleness, and a very small quantity, not over twenty to thirty drops of the liquid thrown in. After the instrument has been withdrawn, the head is bowed and the fluid is invited to flow through the nose and to trickle from the nostrils. A child who has had the instrument used with violence, will never consent to a second application. It must be remembered that the naso-pharynx in the child is very small, and becomes reduced to a mere chink when constricted, as at the time of the introduction of the nozzle of the syringe. The fluid thrown in cannot return into the oro-pharynx, but must flow forward. Should force be used by sending into the chamber a larger quantity of liquid than it can retain, and obstruction be present in the nasal chambers, the fluid will be exceedingly apt to pass up in the ears. Too much stress cannot be laid upon this source of danger, for, with the general disuse of that dangerous instrument, the nasal douche, in children, the impression is received that the pharyngeal syringe is a safe substitute. It is in the writer's judgment but little less dangerous than the douche, indeed, the source of the danger to the ears is precisely the same in the two instances. No doubt the physician *can* use the douche without danger, as he can the syringe, but if he habitually uses an instrument from which no aural complication can possibly arise, he is then, and then only, absolutely safe.

A few moments after the first application, or toward the close of the first sitting, the handkerchief having been used by the child, large quantities of mucus or muco-pus are removed, and the little patient is made relatively comfortable for a period extending from several hours to a day. Any detergent dissolved in tepid water suffices for the purpose of making these applications. No

specific action of drugs is to be anticipated. Weak solutions of carbolic acid and glycerine, namely about a drop of the acid to two drops of glycerine dissolved in an ounce of water, is as good as any. Boracic acid in almost any strength; common table salt; potassium chloride; are all in use with physicians, and are found efficient. It is not so much the remedy selected, but the manner of using it, that should receive attentive care. The use of astringents so universally mentioned, such as the preparations of tannin, of zinc, etc., can be, in the judgment of the writer, discarded. As for the preparations of iron, they are without exception mischievous.

(2) The condition of the floor of the nasal vestibule almost always demands attention. The use of mercurial ointments, such as are employed by oculists for blepharitis and granular lids, is followed by most encouraging results. The ointment of the red oxide of mercury, in the proportions of one grain of the salt to one drachm of cosmoline, is well borne. The ointment is best applied with a camel-hair brush to the interior of the nostril before retiring. An occasional application in the office to parts not accessible by an untrained hand is advantageous.

(3) The operations for misplaced nasal septum present no peculiar features in children, and the consideration of the procedures need not be undertaken here.

(4) In order to correct the discharge, which is apt to be of a simple character, it is necessary to care for the general health. The extent to which the tonsils should be reduced in size is to be determined by the degree in which they obstruct respiration. Should the premises given above respecting the etiology of the affection be accepted, it is evident that the tonsils need not, and indeed should not, be excised unless they are known to interfere with respiration, in which event they should be removed without hesitation.

BLOOD-LETTING IN THE OLD.

BY HIRAM CORSON, M. D.,

Of Conshohocken, Pa.

One who has read the paper which I wrote on the treatment of pneumonia by blood-letting, wishes to know whether bleeding would be admissible in these diseases in old people and in children.

I have observed, in talking with practitioners not wholly opposed to bleeding, indeed who occasionally use it, that they justify themselves in doing it, "because the patients were *strong, healthy, plethoric* people." They based the propriety of the bleeding on the fact that these conditions existed, and not on the more important fact, that the loss of blood was essential to the speedy relief of the inflammation. My action in bleeding for the relief of inflammatory affections is based on the latter proposition without regard to age. In the present paper it is not necessary to speak of bleeding as a remedy in acute inflammation of important organs; *that* has been done sufficiently. Here I will give a few cases to show its value in other less striking, but more insidious and often not less fatal maladies, in persons of advanced age and children of only a few years. In doing this, I need not go back for cases which occurred long since, when bleeding was a popular remedy with physicians, and patients readily assented to being bled and cupped or leeched. These would not serve my purpose, for many of the opponents to the lancet admit that bleeding might have been very useful many years ago; but it is believed by them now that at some time since the advent of the cholera in 1832, and more especially since its reappearance in 1849, a great change has been effected, either in the nature of our diseases, or in the human system, or perhaps in both; they can't tell how it is, but they declare there is a change. Some are sure that the change is in the disease, others think it is in the system. They say: "The early settlers, who used to rise with the sun and labor all day, were strong and hardy, and could therefore bear depletion; but our people now have other habits, and are weak and nervous." It is not a little amusing to hear a man who has practiced only five or ten years talk about the conditions of disease and the human system as they presented themselves before he was born, as though he knew all about them, and yet refuse to listen to those who have lived and practiced through all the years in which these changes are supposed to have taken place. While I might report scores of cases of blood-letting in very aged people, bled with good effect many years ago, I shall for the reason already assigned pass them, and take those that have recently occurred, some even within a few weeks.

On the second day of the present June, 1881, I was called to see I. G——, aged sixty-nine years. He has been poorly for several days—indeed, for some weeks had not been able to do work in his garden—on account of giddiness and pains in all his limbs, which he thought was owing to constipation. I found him with a pulse of 76, entire loss of appetite, and inability to even sit up for more than a very short time. Cathartic pills and

aperients were given, and repeated so as to remove constipation, but in four days there was no relief. To use his expression, he "was sick all over the body as well as in the head." I bled him fourteen ounces. Next day found he had rested well, and his head was relieved. In two days, as I passed his house, I saw him sitting on the piazza, and he said he was quite relieved.

2. I was called to see Mrs. Cline on the 2d of May. She will be eighty-nine on December 20. She is a thin, spare woman, takes but little exercise—save a visit now and then to the neighbors, or to church, which is but a few hundred yards away. She said: "I have no peace with my head." Had a slight paralysis, she thinks, a few weeks ago. She had taken "physic" days before, but got no relief; had taken laudanum also, but was still suffering. I bled her only eight ounces, when the pulse which had been irregular became quite steady and regular, and I took no more. Two days after, I saw her, and she was quite free from pain or other suffering in the head. She is still free from pain, and moves about the house with considerable alacrity.

Three years ago a medical man of seventy-two years had been, for a few days, having an unpleasant feeling in his head. It was not a pain, but a dull, unpleasant sensation. Finally he arose one morning with an increase of the dullness and heaviness; and knowing how many persons during his long practice, had at that, and even earlier ages, dropped in a moment with palsy or apoplexy, after suffering from such feelings for a few days, many of them, as he believed, for lack of bleeding to relieve the oppressed brain, he concluded to be bled. Calling an assistant, he bled himself until he felt relieved, felt that the pressure on the brain was removed. The blood was set aside, and after awhile, feeling great relief, he was curious to know how much had been needed to give him so much comfort. On careful measurement there was found to be one quart—32 ounces. I saw him next day, and never did I see him in finer spirits, or in the enjoyment of greater apparent health.

3. A few years since I was called to a plethoric woman, over 56 years of age, who complained of "dullness and heaviness in my (her) head," not severe pain, but "a distressing feeling." She was sitting in the chair because she was easier than when lying in bed. I proposed bleeding. She had been greatly opposed to it for many years, was somewhat of a Thompsonian, and strongly wedded to No. 6, but she consented. I bled her largely with some immediate relief. On my visit next day, she was found to be lively and well, and as a confession that she had not acted wisely in her long opposition to its use and her denunciation of it to others who might have been greatly benefited by it, she said: "I cannot tell any one how great was the relief obtained from the bleeding. I never could have believed it without this experience."

4. Mrs. N. J., a stout, fleshy woman in her seventieth year, sent for me June 14th, of the present year. For a week or more she has not felt well—has been languid, weary, and not quite right in the head. When awaking in the morning, or in the afternoon after a nap, she would feel so exceedingly weary and languid that she would not be able to rise, but after getting up she would stay up and go about the house directing affairs, yet all the time feeling exceedingly unwell. During the last three days another symptom has been present; when looking directly at an object, she would soon lose her sight; could not see it until she would turn her head and look at it sidewise. This blindness has increased, so as to occur at short intervals, even when not looking specially at an object. Her face was not flushed, but had an expression of weariness; her pulse was strong, but only 70 per minute; the bowels were not costive—such was her condition. Was there danger in it? Yes, infinite danger—thousands had passed suddenly from that condition to unconsciousness and death. What should have been done to avert such an ending? Aconite and veratria were not called for by the condition of the pulse—quinine, or chloral, or bromide potassium, says some one—would have been the proper measure. I had used them in other cases not very unlike this one, but never with prompt and satisfactory results; so, instead of using them, bled her twenty ounces, while she was sitting up, and with some relief, diminishing slightly the strength of the pulse, and producing a lighter feeling in the head. It was then evening, and she retired for the night. The next day she was entirely free from any affection of the head, and the languid, weary feeling had passed away. From that time she was well.

(*To be continued.*)

ON PUERPERAL ECLAMPSIA.

BY D. MONROE, M. D.,

Of Cameron, Texas.

The pathology of puerperal eclampsia continues so mystified by the confusion of conflicting theories advocated and advanced by the learned ob-

servers, from the days of Hippocrates to the present time, that the student is more confounded than the builders at the tower of Babel.

Each pathologist advocates his line of treatment to conform to his own brilliant theory; hence such chaos as regards treatment.

After considering the mechanical, albuminous, uræmic, and anæmic theories, the latter a very anæmic one indeed, we come to the more plausible theory of Marshall Hall, the reflex motor action of the nervous system.

When the spinal marrow, the central organ of this system, has been acted on by an excited condition of an important class of its incident nerves, and this impression transmitted through the spinal centre, as an excito-motor centre, thence by reflex action over the whole muscular system, giving rise to a convulsion, whether such focus of irritation be hardened wax in the ear, carious tooth, undigested food in the alimentary canal, ascaris in the rectum, or a fœtus in utero.

This morbid irritability of the womb, either from hyperæmia or anæmia, kept up by the presence of the fœtus producing distension and tension of those irritated sentient nerves, causing this excito-motor radiation, known as puerperal eclampsia.

Accepting this as the true version of the cause of puerperal convulsions, the therapeutic remedies to be of use readily suggest themselves.

The first indication in the treatment is to guard the brain from undue blood pressure; the second, to prevent a recurrence; while the third is to remove the cause.

The subcutaneous injection of veratrum viride, or aconite, would fulfil the first indication; while chloroform and chloral hydrate meet the second by depleting the brain and its sedative powers over the nerve-centres, aided by the subcutaneous injection of f. ex. gelsemium, the therapeutic property of which is to abolish reflex power, by its direct action on the spinal cord, and through the same channel diminish the voluntary power. Hence we have in gelsemium a remedy which fulfils the indications exactly, accepting the theory of Marshall Hall. And we hold that no puerperal woman can have a convulsion when thoroughly under the influence of this remedy.

Calabar bean paralyzes the spinal cord, much in the same way as gelsemium; why not try it, as the calabar bean will control strychnine convulsions.

To comply with the third indication, we must get rid of the focus of irritation—the fœtus—as soon as practicable. Dilate with Barnes' dilator, if need be; and then deliver with forceps.

Case 1. Was called to see Mrs. ——, æt. 18, primipara; found midwife in attendance, and was informed that Mrs. —— was having "strange spells," and had been having them for several hours. Made an examination, and found vertex presenting and in inferior strait. Was told by the midwife that things had been in statu quo for seven hours.

In a few minutes, I fully realized what those "strange spells" were; that they were in reality that alarming foe, puerperal convulsions.

I immediately began the administration of chloroform, and sent after Dr. ——, with orders to bring his obstetrical bag.

As soon as the convulsion ceased, I administered, hypodermically, f. ex. gelsemium, gtt. xij., and veratrum viride, gtt. iv. The pains being feeble, short, and inefficient, the os dilated and no contra-indication, as soon as she could swallow, I gave per orem liq. ergotæ purificatus, gtt. xxx.

In less than an hour, and before aid and instruments arrived, she was delivered of a large stillborn child, without a repetition of the convulsions, and no hemorrhage.

The placenta being retained by an hour-glass contraction of the womb, we administered chloroform and removed it with the hand.

The child had convulsions, due to pressure of the cranial bones on the cerebrum, owing to ill-shape from pressure, for twelve hours after birth, whenever the chloral hydrate and bromide mixture was delayed too long.

Case 2. Called in consultation with Dr. —— to see Mrs. ——, æt. 34, in her fourth confinement. Was informed she had had already four convulsions; and was then in a semi-comatose condition. She had been bled freely from both arms, and had taken morphiæ sul., gr. ss., with hyd. chl. mit., grs. xx per orem.

We immediately gave f. ex. belladonnæ, gtt. iij., hypodermically.

In two hours was seized with the fifth convulsion, a very severe one indeed. Then we gave, hypodermically, f. ex. gelsemium, gtt. x. And in less than five hours she had her sixth and last convulsion, when we gave, hypodermically, f. ex. gelsemium, gtt. xij., and repeated the same dose in three hours. Again in four hours we gave, hypodermically, gtt. xv.

In five hours from this time she was delivered of a fine child, almost without a pain and no hemorrhage. Both mother and child did well.

DESTRUCTION OF SMALL ENCYSTED TUMORS BY CAUTERIZING THEIR WALLS.

BY LEVI W. HALSEY, M. D.,

Of Bridge Hampton, N. Y.

On June 16, 1883, Miss B., a German girl about twenty-five years of age, came to my office to consult me in regard to a bunch situated upon the back of the right forearm, immediately above the wrist joint. The tumor was as large as a hen's egg, soft to the touch, and slightly movable beneath the integument in all directions. By pinching the skin directly over it, I found it was free to move, thus showing that if closely connected at all it must be around and below the growth. It occasioned little pain except when the arm was actively employed; but the patient, being a hard-working domestic, suffered somewhat, and consequently sought to have it removed.

Mention of enucleation only alarmed her, and she positively refused to submit to an operation, desiring that I should give an ointment or application of some description, in any of which she professed great faith. I suggested the advantage of a more rapid extirpation, though without avail; so a prescription of iodoform and vaseline was given, to be applied twice a day.

After a week, as I had confidently anticipated, she returned, bringing with her a friend, and asked to have the tumor removed at once with the knife. Some influence had led to a change of mind, possibly the disgusting odor of the prescription recommended had its effect.

Thinking the mass could be easily enucleated, an idea which the examination fully warranted, and the patient seeming to have sufficient courage, I proceeded to operate without an assistant, as no anæsthetic was to be used, she preferring to do without one.

As is usual in removing small encysted tumors, a long incision was made through the integument, exposing the upper portion of the sac. I then endeavored to turn out the whole growth by passing the handle of the scalpel around it: these attempts were futile, as were all efforts to cut it out; for the sac walls were so firmly adherent to the adjacent tissue that they could not be separated unless the whole was removed in a lump. The latter alternative I did not care to adopt, as it appeared now to be more deeply seated than was at first suspected. Just at this juncture my patient was taken sick at the stomach, and then fainted. I hastily directed the young lady's friend to lower her head and dash water over her face and temples, and at the same time to hold a bottle of aqua ammonia at the nose. I then divided the sac through its whole extent, and evacuated its contents—a thick, viscid, glue-like substance. It was thoroughly cauterized with the first thing I could select from my case, a strong solution of the chloride of zinc. The edges of the wound were carefully adapted, and retained in position by two sutures and adhesive plaster. Iodoform dressing was used to secure antisepsis. The arm was placed in a sling, and the patient ordered to refrain from work. Through the whole course of the incision healing was by first intention, except the lower portion, which was intentionally left open, that all pus and any unhealthy secretions might be discharged.

Suppuration was not profuse at any time, yet sufficiently so to effectually destroy the sac. The young lady experienced no inconvenience from the operation, save for the time the arm was carried in a sling. No change was made in the dressing, the first preparation being continued until granulation was complete and the whole wound closed. Free use of the arm was allowed after two weeks, without any bad effects resulting therefrom.

Now, after seven months, only a fine red line, marking the cicatrix can be seen where before was situated the unsightly bunch.

The success of the procedure was such that I should operate in like manner in all cases where the sac is found to be closely connected with the surrounding parts.

Destruction of small tumors by cauterization and consequent suppuration is not a new, but, in fact, an old way of proceeding; yet it is far preferable to the cutting and tearing so often witnessed in the attempt to extirpate small growths which are not readily enucleated.

Turn out the whole mass if it can be easily done; otherwise irritate the walls after its contents have escaped, and they will destroy themselves.

FATAL CEREBRAL EMBOLISM.

BY GEO. H. GOODE, M. D.,

Resident Physician Western Pennsylvania Hospital, Pittsburgh, Pa.

J. G., æt. 27 years, was admitted to the Western Pennsylvania Hospital July 30, 1883. At the time of his admission, he was suffering with a stricture of the urethra. He had been under the care of Drs. Daly and Kersey for some time before his admission to the hospital, and the previous history of the man's case, as obtained from them, was simply as follows: Nine years ago he con-

tracted a gonorrhœa, at which time the urethra became strictured. Several times subsequently he had suffered with epididymitis. When Drs. Daly and Kersey saw the patient he was suffering with retention of urine, and an attempt was made to pass a filiform bougie into the bladder, and with success, but it was not possible to pass the tunneled sound. Drastic purgatives were administered, and at a subsequent attempt made on the following day, the physicians were able to pass several filiforms. The patient was then advised to go to the hospital.

Dr. Jas. McCann saw him, and was able to pass a No. 5 steel sound into the bladder. The stricture was dilated still further, by the use of sounds of larger size, which were passed with some little difficulty. After the use of the instruments, the patient had a chill, followed by elevation of temperature, indicating the occurrence of urethral fever, which entirely subsided by the next day.

On the following day (August 3) he complained of pains in his shoulder and elbow-joints, and said that he had had rheumatism several years ago. His heart was examined, and a distinct mitral regurgitant murmur was elicited. Salicylate of soda was administered in fifteen-grain doses every four hours. In the evening he expressed himself as feeling very well, and conversed very freely with a party of friends who had called to see him.

Early the next morning (August 4), the nurse called the resident and told him that the patient was snoring very loud, and could not be aroused. When seen by the resident, violent efforts were made, which proved of no avail in bringing out any signs of consciousness. He was breathing stertorously; at first there was nothing very marked in the appearance of his pupils, but later the left pupil became much more dilated than the right; the right side was paralyzed. The diagnosis made from these symptoms, in connection with the mitral murmur, was cerebral embolism. The patient continued steadily to grow worse, and died about five o'clock of the same day. On post-mortem examination an immense clot, which filled a greater part of the left cerebral hemisphere and breaking into the right, was found, thus proving the correctness of the diagnosis. The heart was examined, and upon the mitral valve vegetations were found. The kidneys and spleen were also unhealthy.

—Codeine phosphate has been prepared by Merck, at the suggestion of Prof. Hegar. It is soluble in four parts of water, and is suited for hypodermic injection.

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE PHILADELPHIA HOSPITAL.

BY CHARLES K. MILLS, M. D.,

Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic; Neurologist to the Hospital.

Reported by WILLIAM H. MORRISON, M. D.

(*Continued from page* 233.)

Organic Hemianæsthesia; Methods of Studying Sensory Disturbance; Differential Diagnosis of Organic from Hysterical Hemianæsthesia.

You should next study the electro-sensibility. In doing this a rapidly-interrupted faradic current should be used. With this, two things may be determined: (1) The muscular sensibility, by the use of moist sponges applied with pressure; and (2) The cutaneous sensibility, by the use of metal discs or a wire brush. In this patient the use of a powerful current, although it causes a response in the muscles of the left side, is not felt.

This case is one which deserves in every way the designation of organic hemianæsthesia. When a case of complete hemianæsthesia, with or without paralysis, presents itself, the first important matter is to decide whether it is a hysterical affection, which can be cured, or a condition, the result of an organic lesion, which is beyond the possibility of cure. Let me give you a few points in the differential diagnosis. I shall first indicate the points of apparent identity. A hysterical patient may have just as complete hemianæsthesia as this patient presents. I have seen such cases in which a thousand needles could have been thrust into the flesh without producing any complaint. In hysterical cases, motor paralysis and contracture may also be present. The anæsthetic condition, moreover, may have continued for years, as it has in this woman. Other points of apparent identity might perhaps be mentioned.

In the differentiating of hysterical and organic hemianæsthesia, the history is important. The precedent history of these two affections is different. In the one you have a history of the hysterical diathesis; in the other, not. In the organic case, you have an apoplectic attack of a peculiar kind. The patient suddenly loses consciousness, and the temperature and pulse variations are peculiar. These are associated with special respiratory phenomena, perhaps with the Cheyne-Stokes breathing. The patient remains in a condition of absolute unconsciousness to all methods of investigation for a greater or less time, not simply in hysterical coma. Hysterical hemianæsthesia does not come on in this way. The patient may have hysterical spasm or coma, and remain in a condition of apparent or partial unconsciousness, but she will not have the peculiar phenomena of pulse, respiration, and temperature, which attend the apoplectic attack, and which were present in this case.

In hysterical hemianæsthesia, ovarian hyperæsthesia and hystero-epileptic seizures have usually been present; and you may have also ischuria and other well-known hysterical symptoms, none of which have been present in this case.

The anæsthesia in hysterical cases is most commonly on the left side of the body, but so it happens to be located in this case, so that this point is only one of slight value.

The paralysis and contractures, if present, as in this case, are apt to be accompanied in organic cases, after time has elapsed, by marked nutritive changes, by wasting of muscle, and even of skin and bone. This is not the case in hysteria.

Some of the older observers, as Briquet, who is quoted and criticised by Charcot, believed that hemianæsthesia from encephalic lesions differed from hysterical hemianæsthesia by the fact that, in the former case, the skin of the face did not participate in the insensibility, or that, when it existed, it never occupied the same side as the insensibility of the limbs.

Many recently reported cases have disproved the accuracy of this supposed diagnostic mark.

In his lectures, delivered nearly ten years ago, Charcot observed that up to that period anæsthesia of general sensibility alone appears to have been observed as consecutive on an alteration of the cerebral hemispheres, so that obnubilation of the special senses would remain as a distinctive characteristic of hysterical hemianæsthesia. He, however, expected that cases of cerebral organic origin would be reported, of complete hemianæsthesia, with derangements of the special senses, such as is presented in hysteria. His anticipations have been fulfilled. A number of such cases are now recorded. The present case is one in which the special senses are partially involved.

After the patient comes out of the attack, certain trophic changes occur in the apoplectic form, which do not appear in the hysterical variety. These are the acute bed-sores, and have been present in this case. The subsequent history of these two conditions is different. The hysterical patient will often recover and relapse, or, under proper treatment, may recover entirely; while all the treatment that can be given to a case of organic hemianæsthesia will produce no decided improvement, for there is a lesion in the brain which will remain forever.

We can say with some positiveness where the lesion is located in a case of this kind. It has, I think, been demonstrated that a certain region of the brain is concerned with sensation, or, at least, with sensory perception. Speaking generally, this, according to Fenier, is the parieto-temporal region. According to the same authority, the hippocampal convolution is especially connected with tactile sensibility. The optic thalmus is also in some way connected with sensation, and Lays goes so far as to contend that in this body are special centres for different forms of sensation. Unquestionably certain of the white fibres of the brain convey sensory impressions. This has been abundantly proved by autopsies and experiments. Section or destruction by disease of the upper posterior part of the internal capsule is followed by hemianæsthesia of the opposite side of the body.

This woman has had a clot or other lesion, which has destroyed the upper and posterior part of the internal capsule, and involving also the adjoining part of the lenticular body, the latter accounting for the motor paralysis. Another cerebral lesion which could cause these symptoms, would be a diffuse lesion involving the sensory centres of the cortex. If it were a lesion of these centres, you would not be likely to have such complete anæsthesia of other regions as in this woman. As a matter of fact, for vascular reasons, the lesion is more apt to occur in the region previously mentioned.

Lesions of the optic thalmus also cause hemianæsthesia of the opposite side of the body; but whether by pressure on the internal capsule, or by direct effect, has not yet been satisfactorily determined.

In confirmation of the pathological diagnosis just made, I will read to you the condensed account of a case which is in almost every respect, except that the right side and not the left was affected, a counterpart of the one now before us. The symptoms presented are very carefully described, and the results of a post-mortem examination are given. The paper containing this excellent report is by F. Müller (*Berl. Klin. Wochenschr.*, 1878, No. 20, quoted in *Brain*, April 1878.)

The patient was a man, aged 61, suffering from chronic alcoholism and aortic insufficiency. About seven weeks before admission into hospital, he complained of headache, constantly increasing in severity, and of feelings of numbness, tingling, and creeping in his right arm. In a few days these symptoms were succeeded by an apoplectic seizure, with right hemiplegia and loss of speech. Speech was regained in eight days, and in fourteen days the patient was so far recovered that he could leave his room and attend to his business; he only felt a weakness in the hand and foot of the right side. He was admitted into the hospital, complaining of headache and cough. An examination of the nervous system revealed slight right hemiparesis; the movements on this side were somewhat weak, but were regular and well co-ordinated; on walking with the eyes closed, there was no evidence of ataxia. There was complete right hemianæsthesia. The patient was not aware of the loss of sensation, and was quite surprised at experiencing no pain on being pricked with a pin. The hemianæsthesia was slightly limited by the median line. The bones had lost their sensibility. Pressure over the liver was slightly felt. Tickling and pinching of the upper and lower extremities were followed by reflex movements; tickling of the right external auditory meatus was without effect. The conjunctiva and cornea, and the mucous membranes of the cheek, tongue, soft palate, uvula, nostril, glans penis and arms, were quite anæsthetic. There was a total loss of the muscular sense on the right side. Patient could not distinguish between objects of different weight; he was ignorant of the position of his limbs at any movement; and if told to move a limb, the movement being forcibly prevented, he would make an effort for a time and then cease, thinking the movement had been accomplished. The sense of temperature was lost on the right side. There was almost complete amblyopia of the right eye; the ophthalmoscope revealed nothing in the fundus which would account for this. The left eye was quite normal, and showed no trace of hemiopia. Hearing was so far affected on the right side that the ticking of a watch was only heard when the watch was in contact with the

ear; on the left side it was heard with the watch at a distance of 50 cm. Smell was completely lost on the right side, and taste was greatly impaired over the whole right half of tongue. The organs of sense on the left side were quite normal. Examination with the Faradic current showed complete loss of electro-cutaneous and electro-muscular sensibility; the minimal strength of current requisite to produce contraction was the same on both sides. The opening and closing shocks of a Stöhrer's continuous current battery of 30 cells, caused very powerful contractions, but no pain. On applying the negative pole to the upper eyelid (the lids being closed), and the positive pole to the cervical vertebræ, the optical appearances known as Purkinje's figures were produced on opening and closing the current—in the right eye with six cells, Stöhrer, in the left eye with as few as two cells. On stimulating the right border of the tongue, there were muscular contractions, but no metallic taste. The patient died three weeks after admission of infarction of the right lung. On post mortem examination, a very sharply circumscribed focus of softening of the size of a pea, was found involving the apex of the third division (posterior point of external segment) of the lenticular nucleus and the adjacent white matter. Very careful examination failed to discover any other lesion. In discussing the case, the author quotes Pierret's statement that the hinder part of the internal capsule, or the adjoining part of the corona radiata, was found affected in thirteen out of fifteen cases of hemi-anæsthesia in which an autopsy had been made.

Returning to our patient, let me say in conclusion, that a number of experiments with metal plates, applied to the hemi-anæsthetic side, were made on this patient several years since, of which the following is an account. They are interesting, as showing how closely organic hemi-anæsthesia, even in this respect, resembles the hysteric affection:

On November 13, 1879, at 3.25 p. m., a copper plate was placed on the anterior surface of the forearm, immediately above the wrist. Half an hour later she complained of tingling and burning pain all over the forearm. The pain radiated along the ulnar side of the arm from the elbow to the wrist, and also around the edges of the plate. At 7 p. m. the plate was removed.

November 14, a zinc plate was, at 10.05 p. m., put on the arm just above the position previously occupied by the copper plate. About 4 p. m., she complained of burning pain over the arm from the shoulder to the hand. On the forearm the pain was described as being situated over the ulnar nerve, and also was felt beneath the plate, but not more distinctly than in other situations. The plate was removed at 7 p. m.

November 15, at 9.30 a. m., copper, zinc, and iron plates were applied. The iron plate was applied to the wrist, the copper plate to the middle of the forearm, and the zinc plate above the elbow. At 3.15 p. m. they were removed. She then complained of pricking sensations over the forearm on the ulnar side, and more especially beneath the copper plate. At 3.20 p. m. a copper plate was placed above the elbow, and an iron plate above the wrist. In half an hour she complained of burning pain in the middle of forearm, above the iron plate.

November 16, at 9 a. m., the plates were reversed, the copper plate being applied above the wrist, and the iron plate above the elbow. At 9 p. m. they were removed. At this time she complained of burning and throbbing pain over the whole arm, and the neck and shoulders, without reference to the plates, the pain coming on four hours after their application.

November 17, at 10 a. m., a copper plate was applied to the arm, and a zinc plate above the wrist. This was followed by pricking sensations from the elbow to the wrist, and burning pain to the neck.

November 18, at 10 a. m., iron and zinc plates were applied, the iron above the wrist, and the zinc above the elbow. They were removed at 7 p. m. She complained of burning pain over the arm below the elbow, and also of a sensation as though warm water were falling on the hand.

It will be observed that no transfer phenomena—no transfer of sensation or of loss of sensation—were at any time noted, an effect which is often produced in hysterical cases.

BELLEVUE HOSPITAL, JANUARY 5, 1884.

Reported for the MED. AND SURG. REPORTER by J. H. WOODWARD, M. D.

The cases incorporated in this report were treated under the supervision of Dr. Chas. McBurney, in this hospital. Their histories are offered for publication, because they form a series of consecutive cases, treated in the same general way, and with the same general result.

Case 1. Gun-shot Wound of the Thigh.

Robt. DeW——, æt. 26, was admitted to ward 10, November 29, 1883. A short time before his admission he had received a bullet wound in his left thigh. The wound of entrance was about three inches vertically below the anterior superior spinous process of the left ilium. No wound of exit was to be found. About four inches below the tuberosity of the left ischium, on the inner surface of the thigh, there was a large swelling, which had formed suddenly after the shooting. Both tibial arteries were pulsating. Patient was not heavily shocked, and he had not lost very much blood.

The house surgeon made an incision on the inner surface of the thigh, extending into the tumor already mentioned. Through this wound a 38-calibre bullet was extracted. A considerable quantity of clotted blood flowed from the thigh; but the thigh still remained enlarged in this region. An attempt was made at this time to pass a uterine probe through the bullet wound from the wound of exit to that of entrance. The probe deviated from the track of the ball, and its point was detected beneath the integument, one inch below the anterior superior spinous process of the ilium. It was exposed by an incision. A long piece of fenestrated rubber tubing was fastened to the point of the probe, and drawn through the thigh and secured in that position by a safety-pin at each end. A large tube was inserted into the region occupied by the extravasated blood, and another into the wound of entrance. Safety-pins were passed through these tubes to hold them.

They were then flushed with solution of corrosive sublimate in water, strength 1–2000. The wounds were dressed with iodoform, carbolized gauze wet in 1–40 carbolic solution in water, and borated cotton. The dressing was large and thick.

Full antiseptic precautions were taken during all these manipulations and at the subsequent dressings of the case. The thigh was washed carefully with 1–40 carbolic solution before anything was done to the wound. After having disinfected the part in this manner, it was irrigated with the solution of corrosive sublimate in water, gr. iv. to vj. This irrigation was nearly constant from the time it was begun until iodoform had been sprinkled upon the wounds. The hands, instruments, and sponges were rendered aseptic by carbolic acid, and the drainage-tubing had been immersed for weeks in a five per cent. solution of carbolic acid.

Nov. 30. Highest temperature since the shooting, 99⅘°. The discharge of bloody serum had penetrated the dressing, and a fresh one was applied. Ordered quinine gr. ij., and liq. morphiæ U. S. ʒ ij. t. i. d.

Dec. 3. Highest temperature since the last note, 100°. Re-dressed the case again to-day because the discharge had appeared again. No pus in the dressing. Washed out the tubes with bichloride solution. A similar dressing to that first applied was placed upon the wound. Two hours later, while the patient was straining at stool, a pretty severe venous hemorrhage came from the wound. Examined the wound at once, and found that the hemorrhage had ceased. The thigh was still considerably swollen, and presented a few traces of ecchymosis. Re-dressed as before. A second attack of hemorrhage occurred about an hour later, due to the same cause. The wound was examined immediately; the hemorrhage had ceased. Re-dressed as before. Stopped the morphine.

Dec. 5. Re-dressed the case in order to remove the drainage-tubes. Found the discharge small in amount and not purulent. Forced the bichloride solution through the thigh. Same antiseptic dressing as before. Highest temperature yet recorded in the case, 100½°. Average temperature, 99½°. Ordered lead and opium pills to constipate his bowels.

Dec. 10. Temperature range since the last note has been below 100°, excepting two rises to 100° on December 6. Patient vomited this morning, and again venous hemorrhage occurred from the thigh. Re-dressed the case as before, and found that the hemorrhage had ceased. Thigh is considerably larger than it should be, owing, no doubt, to the presence of extravasated blood. A rubber bandage was passed over the antiseptic dressing to make moderate compression of the wound. Stopped the lead and opium pill. Ordered calomel, gr. x.

Dec. 11. Bowels moved this morning. No recurrence of hemorrhage.

Dec. 13. Redressed as before. A small quantity of pus discharged from the wound on the inner side of thigh. Inserted a short rubber drain into this region. Thigh still swollen, but not tender; spots of ecchymosis over the swollen portion.

Dec. 14. Removed the rubber bandage. Ordered ferri et strychniæ citratis, gr. v., t. i. d.

Dec. 17. Redressed as before, and removed the tube. The discharge was trifling in amount, but purulent.

Dec. 21. Redressed. No pus in the discharge.

Dec. 28. Redressed. The wound has healed, and there remained only three small superficial ulcers. There is still a hard tumor on the inner side of the thigh. The temperature range since the 10th inst. has been below 100°.

Jan. 1. Allowed the patient to sit up in a chair. On the 5th, he was allowed to walk about the ward at will.

Jan. 10. He was discharged, the wound perfectly healed; the tumor had disappeared, and the patient was as well as ever.

The hemorrhages were severe enough to warrant the supposition that the profunda vein had been cut by the bullet, and considerable anxiety was felt lest the patient should become sanguinated by repeated hemorrhage. A reasonable fear was entertained that the blood extravasated into the deep tissues of the thigh might form the focus of an abscess. Had the wound been treated with less thorough antiseptic precautions, there can be little doubt that abscess and prolonged suppuration of the track of the ball would have occurred.

It is proper to state here that it is not the custom in the service of Dr. McBurney to pass a drainage tube through the gun-shot wound before suppuration has occurred throughout it. In this case the drainage tube did not follow the course of the bullet, but opened up the planes of muscles at other points. By this, damage was done to the tissues of the part; but in spite of both injuries —that due to the bullet and that due to the drainage tube—the patient recovered, and he recovered without the production of more than ʒ ss. of pus in his wound.

(*To be Continued.*)

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Report of the Committee on Meteorology and Epidemics for the Years 1881 and 1882.

BY JOSEPH G. RICHARDSON, M. D.,

Professor of Hygiene in the University of Pennsylvania, and Member of the Philadelphia Board of Health.

[Read December 5, 1883.]

Meteorological observations for the year 1881 show that the winter months, as exhibited more in detail by the accompanying tables, were decidedly colder than the average, January being 5.7° below the mean for the past twenty-four years. The early part of spring was rather dry, but in June abundant rains occurred, and the average temperature was below the usual standard, although the entire summer average exceeded that of 1879 or 1880. The temperature of November was 4.5° above the mean, and but little ice or snow appeared during the following month. The most elevated temperature was observed on the 7th of September, when the thermometer rose to a height of 101½°. The lowest temperature was noted in February, when the thermometer fell to 1°; the entire range for the year being

100.5°. The mean relative humidity was 70.3, and the total annual rainfall unusually scanty, only amounting to 30.21 inches.

The death-roll for 1881 comprised 19,515, or 22.48 per 1,000, being an increase over the previous year of 1804. Small-pox was by far the most prevalent among the epidemic disorders, causing death to 1,336 persons. Cholera infantum proved fatal to 902, scarlatina to 486, and diphtheria to 457 individuals. Typhoid fever was much more prevalent than in any twelvemonth since the Centennial year, and caused 645 deaths, 450 of these being among adults, and 195 children.

The early part of the year 1882 showed a rather low average temperature, the coldest weather in the two years now under consideration occurring in January, when the thermometer marked on one occasion half a degree below zero. The summer months were rather below the mean temperture for that season, and the maximum attained at the U. S. Signal Office exceeded 90° on two days in June, and six days in July only. The rainy season set in early, six inches of rain falling in August, whilst in September the precipitation reached the extraordinary amount of 12.09 inches. The total annual rainfall was 45.58 inches, being more than one-half greater than that of 1881. Rain or snow fell on 118 days during the year.

The mean temperature during the year was 54.6°, with a range of 94.3°, extending from a minimum of 0.5° below zero in January to a maximum of 94° in June.

The total mortality for 1882 was 20,059, or 22.62 per 1,000, being an increase over the previous year of 544. Smallpox, although much diminished in frequency, continued to rage with alarming severity, proving fatal to 314 persons. Diphtheria was the gravest epidemic disorder, causing 933 deaths, whilst the epidemic spread of scarlatina was so far diminished that only 310 individuals fell victims to that disease. Cholera infantum levied almost its usual tribute upon the rising generation, cutting short 871 lives.

A gratifying feature in the mortality reports of 1882 is the increase by nearly 12 per cent. of the number of people dying from old age, which proved fatal to 824 individuals; of these, 14 were recorded as being between one hundred and one hundred and ten, and one as being over a hundred and ten years old.

Although diphtheria has of late become increasingly and alarmingly prevalent in Philadelphia, our most serious epidemic disease during the past two years has been smallpox; and the obstinate continuance of this loathsome malady among us, as well as its gradual recrudescence from time to time, seems to call for renewed, and if possible improved measures towards its suppression.

The following suggestions having for their basis that principle of justice which prohibits men from even carelessly and unthinkingly injuring their neighbors, are submitted as a preliminary step to the establishment of some more efficacious plan of action for preventing the spread of epidemics.

Our efforts in this direction can perhaps be aided by diligently teaching our patients, when opportunity serves, the doctrine of disease-germs as held by most progressive physicians at the present day. Indeed, the diffusion of popular knowledge upon this subject is, I consider, of immense importance from a sanitary, and especially from an epidemiological point of view, because as soon as the public is convinced that small-pox, diphtheria, typhoid fever, etc., are alone propagated by tangible and microscopically-visible germs or seeds, which are carried from the sick to the well, isolation and disinfection will be regarded not merely as hitherto in the light of wise precautions, but as imperative duties for every conscientious and law-abiding citizen.

The knowledge we now possess of the germ theory of disease, lends a new and stronger emphasis to the eloquent statement of Prof. Aiken in regard to the original spread and terrible fatality of small-pox in America from a single negro sailor, landed on the Mexican coast. "No common conditions of human life," he remarks, "gave rise to such phenomena as these. Propagation from the actual poison of a pre-existing case was the one necessary and all-sufficient cause for these endemic outbreaks of small-pox, and their epidemic prevalence. The precise mode in which the contagious diseases with their specific poisons first came into existence is beyond our ken—hidden from us as yet by a thick veil, and remaining an inscrutable, or at least so far an unpenetrated mystery. But everything tends to show that once created they all propagate only in one way—namely, by continuous succession."

An occasional failure to account for certain so-called idiopathic cases of contagious diseases, is only what we have in the nature of things to expect, and forms no evidence against the truth of this assertion of Dr. Aiken. For whilst we cannot always trace the obscure route by which germs of contagious maladies reach the healthy from the sick, most medical men in active practice are doubtless able to recall circumstances which go far towards explaining the mystery of their conveyance. Thus, for example, about twelve years ago there presented himself to me in the Out, patient Department of the Pennsylvania Hospital a man covered with discrete small-pox pustules, who had been sitting muffled up and undetected, for more than an hour, in the waiting-room with twenty or thirty other patients, all unconscious of their danger of infection. In the epidemic of 1871–2 one of my patients whose nephew, a country lad here on a visit, was attacked with small-pox, dressed him up as a girl so that she could shroud him in a thick veil, and in spite of my remonstrances, took him by more or less crowded street-car, ferry-boat, and railroad train, to his home in New Jersey, of course at the risk of numerous lives. Again, during the same epidemic I attended two cases of variola in the family of a ready-made clothing dealer, whose coats and vests were probably all infected with the poison of small-pox, and went out of his shop on the backs of hundreds of customers, who were thereby subjected to the deadly peril of contracting that terrible disorder, without the slightest warning of their danger.

Admitting, then, that in some such modes as these the germs of every American case of contagious disease, occurring in the past two centuries at least, have emanated from some previous case, it is obvious that in a majority of instances,

a knowledge of the chance for such conveyance of the poison, in time to prevent it, was possessed by the patient and his friends or nurses only. Hence in striving to obstruct the progress of an epidemic, our efforts will be most apt to win success, if we can devise some means powerful enough to control the ignorance and carelessness of each patient, and those of his immediate attendants, from the earliest possible moment of the attack.

Such a check againgt the negligent as well as the willful dissemination of disease germs, may I believe be found in some modification of the admirable proposition of Dr. Albert L. Gihon, Medical Director U. S. N., before the American Public Health Association, in 1881, and I therefore earnestly recommend it to fellow members of the College, for their individual consideration, perhaps at some future time for their official sanction and support.

Dr. Gihon, as Chairman of the Committee on the Prevention of Venereal Disease, presented a unanimous report, which contained the following section of a proposed act: "Be it enacted that any person within the limits of this State who shall knowingly communicate, or be instrumental in communicating, by any direct or indirect means, a contagious disease, such as smallpox, or scarlet fever, or venereal disease, shall be deemed guilty of a misdemeanor, and shall be subject, upon conviction in any of the Circuit Courts of the counties of this State, or in the criminal Court of the city of . . . . . to a punishment of six months' imprisonment in the . . . . . of . . . . ."

Now, whilst I firmly believe in the strict justice and propriety of such a law as Dr. Gihon suggests, I fear that to urge it in its entirety at the present time in Philadelphia, would be making the grave mistake of trying to go too far beyond the present status of public opinion, and that even an attempt to punish the conveyance of the milder contagious diseases would not be sufficiently sustained by popular sentiment in our community.

But the horror of small-pox, which is often intense among populations in proportion to the density of their ignorance, would, it seems to me, so far aid physicians, and especially those of us who are members of the Board of Health, in an obviously judicious effort to obstruct the tide of its epidemic prevalence, that we might succeed in having passed and executed some law such as we have urged before our local legislators for two years, imposing a fine or imprisonment for the negligent or wilful transmission of that one disease, which would cause much greater care against the spreading of variola, to be exercised by those suffering from small-pox, or having charge of cases of that malady.

Our British cousins are far in advance of us in this respect, as is shown by the following extract from the *Sanitary Record:*

"At Athenry Petty Sessions (in Ireland), a shopkeeper in that town named Dillon was fined £3 and costs, with the alternative of two months' imprisonment at hard labor, for having, to the danger of the public health, appeared in public at Galway, while in the convalescent stage of small-pox."

What parent among us would not far rather a desperate highwayman should steal his watch, than that a small-pox patient in the condition of this Galway scoundrel should simply brush against his unvaccinated child; and yet for the one crime the villain might be punished with years of imprisonment, whilst for the other, as the laws now stand here, no penalty whatever could be inflicted.

It perhaps would not frequently be necessary to institute legal proceedings against violators of a new law enacted to remedy this gross injustice, because, as a rule, the mere fact that a person might be compelled to suffer in person or estate, for injuring a fellow-citizen by infecting him with small-pox, would operate as a powerful check upon negligence, and could hardly fail to prove beneficial to us all.

As to the justice of punishing such instances of careless or wilful injury to life and health, it may be urged that murder by poison is just as much punishable by death, as is that by shot or steel, and that no valid distinction can be drawn between the moral guilt of one who kills his neighbor by giving him arsenic, and that of another who, under similar circumstances, causes the death of a fellow-being by giving him the germs (or poison, whatever it may be) of small-pox. If either crime is committed intentionally it ought to be adjudged a murder; and if done knowingly though without malice, or even ignorantly and carelessly, the homicide is still, it seems to me, deserving of punishment.

A man who empties his revolver into a crowd of people, would be held answerable before our courts for the lives of any who might be killed by his shots; and why should a person who emptied out from his lungs breath loaded with the germs of small-pox into the same crowd, be judged guiltless of deaths he thereby caused? Or why should it make any difference in the moral turpitude of the murderer's act, if a few of the crowd wore coats of mail in the first instance, or were protected by vaccination in the second?

The invisible messenger of death which is shot through the air in the former case, is not any more deadly to the stricken individual, than are the equally invisible germs of variola, as the graves of our 1,300 citizens dead from small-pox in 1881 testify. It is infinitely *less* dangerous to the public, because the leaden bullet ends its malevolent work with the human being it strikes down, whilst the vegetable missile may reproduce itself in its particular victim so as to originate a small-pox epidemic, and sacrifice in the community a hundred or a thousand lives.

The method for checking further dissemination of variola, which I have just advocated, is, of course, vastly inferior to that of establishing compulsory vaccination; yet I submit that whilst the latter plan infringes upon the personal rights of almost every one, the former curtails the liberties of a small minority only, and therefore, under our republican form of government, is far more likely to secure a majority vote in its favor, whether in the halls of legislation, or among the community at large.

—In irritable stomach complicating constipation, Prof. Da Costa ordered, at the clinic, oleum ricini floated on ice water, and said it would be retained.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Death from Rupture of an Aneurism of the Aorta.

Read by W. T. Taylor, M. D.

F. D. B., a letter-carrier, aged 26 years, came to see me on October 15, 1883, for a hoarseness; his voice at times being reduced to a whisper; a troublesome tickling cough, with an expectoration of frothy mucus; and pains through the left breast, extending sometimes down the left arm. He was slightly oppressed in his breathing after exertion, and generally debilitated.

He had not slept for several nights, and an apothecary had given him a chloral mixture, which did not relieve him, but "produced strange feelings and uncomfortable dreams," so that he would take no more of it.

On examining his throat I found a bifurcated uvula with the right branch much elongated; this was clipped off, relieving somewhat his tickling cough. There was slight dullness under the left clavicle, with some mucous rales, although the respiration generally was vesicular. The heart-sounds seemed distinct, but feeble, and the circulation was regular. His temperature was normal.

The mist. glycyr. comp. with ammon. murias. was given to him for his cough and hoarseness. Tinct. iodine was applied externally to his throat and under the left clavicle, and the painful parts were bathed with linim. chloroform.

He was ordered to drink milk freely, to take beef-tea and easily-digested food.

For his insomnia I gave him a tablespoonful at bedtime of the following:

℞. Ammon. bromid., ℥j.
Elix ammon. val.
Liq. morph. sulph., āā ℥j.
M.

This, however, only caused temporary rest, and had to be repeated frequently.

On October 26, as the hoarseness and cough still remained, I gave him some cod-liver oil and lacto-phosphate of lime, as a restorative, although I did not consider him tuberculous, for there was no hereditary tendency to phthisis in his family, and he was well developed physically.

I advised him to go out on pleasant days, but not to tire himself with long walks, fully expecting that in a few weeks he would be able to resume his occupation.

The pains which affected his breast and left arm began to extend to the back, between the shoulder and up to the occiput, and became so violent that they could be only partially relieved by bathing with laudanum and chloroform liniment, and the internal use of anodynes.

On November 1, accompanied by his wife, he went to a bathing establishment to take a Russian bath, which some person had advised as being a positive cure for rheumatism. Arriving at the place he disrobed himself, preparatory to being bathed, when, on giving a slight cough, he raised some blood, which the attendant perceiving, he was advised to dress again. This he did partially, but in a few minutes such large quantities of blood issued from his mouth that Dr. Benj. Lee, who was in the building, was summoned to his relief.

The hemorrhage, however, was so excessive that he died in a few minutes.

An autopsy was made, the next day, by Drs. R. B. Cruice and Alexander, which revealed a rupture of an aneurism of the aorta at the intersection with the left carotid artery, which had opened into the trachea. The heart was of normal size, but its muscular fibres were very firm and large; the pericardium was distended with serum. There was some congestion in the upper part of the left lung, and some adhesions about the aneurism; but no tubercle was seen. The liver and other organs were healthy.

The pressure of this aneurism upon the trachea was the cause of his hoarseness and cough; but being behind the lung, I did not hear the aneurismal thrill, and, therefore, was entirely ignorant of the disease until it was revealed by the autopsy.

EDITORIAL DEPARTMENT.

PERISCOPE.

Probable Progressive Hemorrhage into Bowel, Depending on General Disorganization of the Blood.

Dr. R. M. Hodges reports this case in the *Boston M. and S. Jour.*, December 27, 1883;

Mrs. ——, aged twenty-eight, mother of two children, and who, though never robust, had been in better health than usual during the past winter. Dr. Hodges was asked to see her at his convenience, as she was not feeling very well, although out and about as usual. At his first approach to her bedside, he was struck by the extreme lividity of her countenance, which reminded him of cholera cases. The tongue and fauces even were black, but the throat presented nothing otherwise unnatural; the pulse was good; breathing quiet and calm; auscultation and percussion normal. No local cause for the condition could be detected, and there was no explanation of the appearance presented by the patient to be derived from her previous history. The only complaint made was of an annoying pain when, as she said, she hiccoughed; the "hiccough" being in reality the eructation (in a very moderate degree) of gas from the stomach. An hour later attention was called to the patient's urine. But little had been passed during the night, and the specimen shown was less than half an ounce, and black like that in cases of carbolic acid poisoning. It was examined by Dr. E. S. Wood in less than an hour after it was passed, and contained one-fourth per cent. albumen, numerous brown,

granular casts, and much blood; the specific gravity being 1012. This suggested acute nephritis, and dropsy was expected, but it never came. In the afternoon there was a large, black, tarry dejection, not seen except by the nurse. Dr. M. Wyman, of Cambridge, visited the patient in consultation on the first day of her sickness.

The urine of the second day, also examined by Dr. Wood, contained no blood, but an immense amount of blood-pigment in solution, and a large quantity of serum albumen. Otherwise the same general characters remained. The patient's symptoms were unchanged, though the lividity had diminished. There was occasional nausea. She had one loose black dejection. There was considerable thirst, and simple food was relished. Dr. Wyman again saw the patient in consultation.

On the third day the urine regained its natural color, and the crystals of hæmatin disappeared. But one granular cast was found in a careful examination of five slides. The amount of albumen had, however, increased. The patient complained of severe headache, as well as pains about her waist, first on one side, then on the other, but they were never severe, nor was their nature comprehensible. Her color continued to improve, and she took milk, beef tea, jelly, and champagne, with much satisfaction. She had one dejection similar to that of the day before. Her intelligence and cheerfulness were not disturbed.

On the fourth and fifth days there were ten black and bloody dejections, some of them mixed with a good deal of transparent mucus, for which ergot and bismuth were given, and with apparent success, so far as the evacuations were concerned. The general condition continued about the same, and on each of these days she took and relished a chop, and some broiled chicken.

At the end of the fifth day she began to have dyspnœa and rapid breathing, and was restless during the night. This condition was first seen by the speaker on the morning of the sixth day, when the complexion had become sallow and the lips pallid. An eighth of a grain of morphia had been given the evening before, but this was thought to have nothing to do with the disturbed breathing, as she had taken it on other occasions without any unpleasant effect. The respiratory and cardiac sounds continued perfectly good, and at her solicitation the patient was placed in a chair for an hour at noon as a relief to the restlessness and dyspnœa. In the afternoon some slight râles were detected in the *front* of the chest, the respiration and percussion being elsewhere natural; the pulse fell from the seventies into the sixties, the heart sounds grew faint, the temperature went below normal, weakness increased, and death occurred at night. Dr. Wyman again saw the patient on this day.

At no time during the patient's illness did the amount of urine passed in twenty-four hours exceed two ounces. The temperature never rose above 98° F. She had very fair sleep at night, until that of the fifth day. There was never any somnolency or delirium, or any abatement of her cheerfulness and intelligence, until the afternoon before her death. The increasing pallor, together with the other symptoms which have been narrated, suggested that the fatal result was due to a progressive hæmorrhage into the bowel, apparently owing to some general disorganization of the blood itself. There were no purpuric spots. Careful inquiry failed to obtain anterior evidence of any chronic renal symptoms, or other organic affection, or of any possible and recent drug poisoning. The patient had been frequently under the care of Dr. Hodges.

The treatment pursued was stimulating, supporting, anodyne, and expectant. Packing with blankets wrung out in hot water, and counter-irritation with mustard, were resorted to for the suppression of urine.

There was no autopsy.

The Influence of Iodoform on Body Weight in Phthisis.

Dr. A. Ransome thus writes in the *Brit. Med. Jour.*, January 5, 1884:

About a year ago, iodoform was introduced to the English medical public, mainly by Dr. Dreschfeld, as a drug likely to be of service in the treatment of phthisis, when used internally and by means of inhalation. I determined to give it a trial. At first I met with some disappointment; many persons, especially women, were unable to take it in consequence of the nausea and disturbance of the digestive organs that it caused. However, I still persevered, and gave it in the form of a pill, a grain and a half three times a day, to all the cases of phthisis who could take it. Shortly afterwards, at the suggestion of Dr. Marsh, I combined it with two grains of croton-chloral, and found that it was then much better borne by the patients, both male and female. Iodine and iodoform inhalations were also prescribed as a general test of its influence upon the disease. The weight of the patients was recorded for some little time before its use, and after its administration.

It seemed better to make no selection of cases, and it was given at all stages of the disease; and as patients seldom presented themselves in the incipient stage, the largest number of cases were in the more advanced stages of phthisis. The drug in several cases was stopped for various causes, and again recommenced.

Owing to the causes that I have mentioned, there are only 21 complete cases recorded at the present time. Of these, 4 were in the first, 5 in the second, and 12 in the third stage of the disease.

Of the 4 cases in the first stage, 3 appear to have received benefit; one (R. Jones) gained 2½ pounds in three weeks, and maintained her position for at least six weeks afterwards; another (S. Menzies) gained 2 lbs. in about one month, and although she lost weight somewhat on discontinuing the drug, she regained it again when the pills were recommenced. A third case (E. Lancell) gained 11 pounds in four months, and was then lost sight of. The fourth (M. Clevorty) lost weight on the whole to the extent of 8 pounds in three months.

Of the 5 cases in the second stage of the disease, No. 1 (McMillen) was losing weight rapidly when he commenced the treatment, at the rate of 3 pounds in a fortnight; he then gained 1 pound in the same space of time; lost weight on discontinuing the drug, gained again slightly on its recommencement, lost ground a third time on its omis-

sion, and entered on the third stage in about three months from the beginning of the treatment; but after again taking iodoform for several weeks, he improved and regained his former weight.

No 2 (Ross) also took the drug intermittingly; he gained 2½ pounds in ten days after first taking it; but after this it seemed to have little influence in arresting his downward course.

No. 3 (Brackenridge) presented a similar history, except that, in spite of sundry alternations of weight, he had on the whole gained somewhat in the course of seven months' treatment, during which time he had only omitted the iodoform for about three weeks.

No. 4 (Lockett) was a case of chronic pneumonia, which developed into phthisis after a lapse of four months. He was losing weight rapidly when he commenced the iodoform pills; but since then he has gradually improved both in weight and in the condition of the lungs.

No. 5 (Matthews) has only been a short time under treatment; but he has gained 3½ pounds in the first fortnight.

Of the 12 cases in the third stage of the complaint, 2 (Burns and Burke) have distinctly gained weight since taking iodoform. Six, after sundry variations, remain approximately at the same weight, several after six or eight months of the treatment. The remaining 4 have all diminished in weight, with more or less rapidity. It is, however, remarkable that, even in these advanced cases, there is often a temporary rise for a short time after commencing to take the iodoform. Thus I note that, after a total number of 35 times of such administration, there were 28 periods in which there was an increase of weight, and only 7 in which the loss of weight continued without intermission.

From a review of all the cases, I am inclined, therefore, to attribute to iodoform some slight improvement, even in cases in which it was manifestly hopeless to expect cure; and I think that, in the earlier stages of the disease, it is decidedly worthy of further trial.

January 2. 1884. Since the above observations were made (August, 1883), the same treatment has been pursued in many other cases presenting themselves at the hospital, with very similar results.

Irritation of the Sexual Apparatus as an Etiological Factor in the Production of Nasal Disease.

Before the Baltimore Academy of Medicine, (*Maryland Med. Jour.*, January 26, 1884) Dr. Mackenzie first called attention to the early recognition of the relationship between overindulgence of the sexual powers and morbid conditions of the eye, ear and throat, by references to the medical writings of the ancients and quotations from the Latin classics. He had been unable to find any communication on the special part which such over-indulgence exerts in the production of nasal disease, in the literature of ancient or modern times.

To render the relationship between irritation of the sexual apparatus and nasal disease more intelligible, the anatomical structure of the nasal erectile tissue was explained, and the reflex and the *ab extra* influences which prove its erection. Dr. M. believes that this tissue is especially concerned in the evolution of the many curious reflex phenomena observed in connection with nasal affections, and considers that the changes which it undergoes lie at the foundation of nasal pathology.

The physiological relationship existing between certain portions of the reproductive tract and the nasal erectile tissue appears (1) from the changes which the author has observed in the latter during the menstrual period. These consist either in simple engorgement, which may be uni- or bilateral, or may be associated with various reflex acts, such as coughing, sneezing, etc. The headache which occurs at the menstrual epoch may in some cases be due to the erection of this tissue; (2) from the presence of vicarious menstruation; (3) from the well-known sympathy between the erectile portion of the generative tract and other erectile organs of the body; (4) from the occasional dependence of phenomena referable to the nose during sexual excitement either from the erethism from amorous contact or during the consummation of the act of coition. Dr. M. believes that the congestion and consequent irritation of the nasal sensitive area thus brought about furnishes the explanation of the sneezing which has been observed during the performance of the latter; (5) from the occasional dependence of affections of the genito-urinary tract upon affections of the nasal passages; (6) from the connection between the sense of smell and erethism of the reproductive organs exhibited in the lower animals, and in those individuals whose passions are aroused by certain odors that emanate from the person of the opposite sex. From these facts, it is *a priori*, probable, that when carried to an excess, stimulation of the generative organs, from excessive use or disease, may not only become a factor in the production of congestive and transient inflammation of the nasal membrane, and especially of its cavernous tissue, but also become the starting point of chronic inflammatory changes in that structure. Dr. M. gave the following data, bearing on the subject from his personal observation in hospital and private practice: (1) nasal disease is, in a fair proportion of women, greatly aggravated at the menstrual period, and cases occur where the disease only makes its appearance at that time; (2) the discharge from nasal catarrh occasionally becomes offensive at the menstrual epoch, losing its disagreeable character with the decline of the ovarian excitement; (3) in ozena, the factor is much more pronounced during menstruation; (4) excessive indulgence in venery has a tendency to initiate inflammation of the nasal membrane, or to aggravate existing disease of that structure; (5) the same is true in regard to the confirmed habit of masturbation; (6) cases of nasal disease occasionally come under observation which are relieved upon the recognition and appropriate treatment of disease of the generative apparatus.

Dr. Mackenzie thinks that the above facts encourage the belief that irritation of the sexual apparatus may become a not inconspicuous etiological factor in the production of nasal disease. Whether this result from reflex action, pure and simple, as, for example, by virtue of the existence of correlated areas in the nose and reproductive

system, or as the sequel of an excitement in which several or all of the erectile structures of the body participate, the starting point of the nasal disease is in all probability the repeated stimulation and congestion of the turbinated tissue of the nose; and it is furthermore highly probable that morbid states of the latter may react upon certain portions of the generative tract.

The Direct Treatment of Spinal Caries.

The *Med. Times and Gaz.*, January 12, 1884, says:

Good service was rendered to the subject of spinal caries, by the gauntlet which Mr. Treves threw down a few evenings ago at the Medico-Chirurgical Society. "Rien n'est sacré pour un sapeur" is a saying which will shortly be applicable to our modern surgeon, in that there will soon be few regions of the body which will be safe from his prying eyes, and his all-invading knife and fingers.

Spinal caries has long been one of the most troublesome and least satisfactory of those diseases which the surgeon has to treat, not only on account of its great inaccessibility, but also on account of the great extent over which it may and usually does spread. Moreover, the anatomical characters of the bones affected, viz., their sponginess and great vascularity, lend additional importance to any inflammatory process which may be set up. Expectation, therefore, ran high when the above paper was first announced, in which the direct treatment of spinal caries was to be advocated and backed up by the record of three cases in which the operation had been performed.

The outcome of the discussion, though of very great interest and importance, has not quite borne out what the title of the paper first promised, viz., direct treatment of carious bone. But, as a means of examining the lumbar vertebræ, of reaching any possible necrosed and loose fragments of bone, and more especially as a means of opening, draining, and treating abscess of this region on the most approved principles, the operation promises to be of great service.

Mr. Savory, in his usual masterly style, pointed out all the dangers which would attend the *satisfactory* treatment of spinal caries, by referring to the difficulties and contrasting treatment of tarsal caries, even since the use of Esmarch's bandage had so much facilitated this proceeding. Caries, said Mr. Savory, is not a primary condition, but is preceded by inflammatory changes; and, unless the whole of the diseased tissue could be removed, the operation might prove worse than useless. Moreover, there are other dangers which were not alluded to. In young persons, the subjects of this disease—mostly of a scrofulous or tubercular type—there is always the danger of setting up an acute tubercular process, which is rapidly fatal, either in the form of meningitis or of general tuberculosis. And lastly, the removal of carious bone will not always save life, even should the local mischief be cured, as one of the recorded cases proved.

Nevertheless, the proposed operation was carefully worked out on strictly anatomical lines, and its feasibility was demonstrated. For the removal of pus, it can hardly fail to be of the greatest service. The only difficulty will be to recognize pus early, and this is certainly not an easy matter. One of the speakers referred to the relative frequency of pus collections in disease of the lumbar and lumbar sacral regions, as compared with other regions of the spine, and this will, in a measure, justify an exploratory incision when the disease is situated low down and the presence of pus suspected. We shall probably not have to wait very long for further records of this operation and can only hope that "the mania" for new operations, to which some speakers referred, will not outweigh that discretion which, in a surgeon especially, is even better than valour.

A Case of Gangrene of Extremities from Emboli.

Dr. O'Brien reports this case in the *Med. Age:*

"I was called to attend a negro woman, æt. 32, in her second confinement. The labor was natural, and, as is the custom with these people, she was about the house in a week or ten days, feeling perfectly well. About four weeks after I was called again. The woman had awakened in the morning and found the right foot numb and cold. It was "dead," as she expressed it. Otherwise she felt as well as usual. I ordered the foot elevated and the limb wrapped in cotton batting. In a few days the skin began to slough, and the line of demarcation formed at the junction of the upper and middle third. Supporting treatment was given, and carbolic acid used on the gangrenous member. Her appetite was good, and she suffered no pain, resting well at night. She was cheerful and worked with her needle as she sat in her chair during the day. About six weeks from the commencement of the case, and while nature was doing such good work at the line of demarcation on the right limb, the left foot suddenly became cold, and gangrene was found present. A line of demarcation formed in the left some two inches lower than in the right limb. The woman's appetite remained good, and she rested good, suffering little or no pain. Knowing the case would be fatal, I watched it closely. On the tenth week both arms suddenly became cold, and I had a case of gangrene in both lower and both upper extremities. The woman now had considerable distress in breathing, and a rapid irregular action of the heart. On the fourteenth week pneumonia set in, and the case ended in forty-eight hours.

"*Autopsy eight hours after death.*—Post-mortem rigidity absent; body emaciated; line of demarcation well formed in right leg, in the left distinct. Uterus was removed and carefully examined. There was no evidence of any inflammatory trouble present. The changes following pregnancy had occurred naturally. The heart was enlarged and the valves studded with vegetations. The heart substance was soft and friable. The lungs were engorged and the pleuræ contained a quantity of fluid, which gushed out as the chest was opened. The femoral arteries were filled with clots, and the vessels occluded in the popliteal space by inflammation. The axillary arteries were filled with clots extending to where the vessel passes over the first rib. This woman had never had rheumatism or any serious illness; had never suffered any distress referable to the heart; on the contrary, had always enjoyed the best

health previous to her last confinement. Such was the history given me.

"Professor Blackman, of Cincinnati, in a pamphlet written by him some years ago, reports several cases of puerperal gangrene almost identical with this of mine. It is true this woman suffered cardiac distress during her illness. She had a rapid pulse and a blowing sound over the left heart. Evidently the trouble was from the detachment of vegetations in the left heart, and they of such size as to occlude the axillary and femoral arteries. But there is an apparent absence of any heart trouble until after confinement, so the puerperal state must have, by blood changes, developed the organic trouble in the heart.

"I made a post-mortem in a case of sudden death in a brother of this woman, æt. 28. The heart was as large as a bullock's, and the valves and chordæ tendinæ covered with vegetations; the heart substance friable. This man was a common laborer, but in spite of his every-day work, had never suffered any distress or symptom referable to the heart; in fact, he had never been sick.

Congenital Malformation; Urethra Opening into Vagina.

Dr. W. D. Wilkes reports this case in the *Med. Times and Gaz.*, December 22, 1883:

A private patient lately died in her ninetieth year; she had been a widow forty-two years, and had never borne a child.

Of late years I ascertained that she had frequently difficulty in passing urine. With this exception, an accident in 1880 (broken ribs and contusions of face and neck), she had always been well. In October, 1881, I was consulted for cystitis and retention of urine. On examination, I found a congenital absence of the orifice of the urethra in front at its usual place, and only a very contracted orifice of the vagina, barely admitting a probe, through which the urine could not pass at all.

Under chloroform I enlarged this opening, and afterwards small phosphatic calculi began to pass at intervals, formed in the bladder, forced by it into the vagina, and escaping from it with the urine. The calculi generally required removal, and at times quite stopped the orifice, and had to be broken up before extraction. The urine always contained blood, often in clots, and much muco-purulent matter. No probing of the vagina could detect the opening of the urethra into its roof, and the bladder could not be sounded. Neither sponge-tents nor drainage-tube could be borne in the vagina, and there was a refusal to submit to any kind of operation, such as exploratory lithotomy, or introduction of a drainage-tube from the front, for the cystitis and more easy escape of urine. Her sufferings when wanting to empty the bladder were very great—every hour or so during the night, but less often in the daytime. She also refused all medicines, and sedatives had to be given unknown to her.

I was allowed after her death to make a local examination. The bladder, thickened, contracted, and very vascular, contained fragments of phosphatic calculi, blood-stained and mixed with muco-pus. A probe could be passed from the base of the bladder into the vagina, and outwards through its orifice, showing a congenital vesico-vaginal urethra. This opened into the upper wall of the vagina about one inch and a half from its orifice. The uterus was atrophied, and had a globular deposit of bone at the side of its anterior wall. Two or three similar deposits were forming at the fundus. The vagina was much dilated, forming as it were a second bladder; its orifice was much contracted, and had become an organic stricture, similar to that in a male urethra.

I have never been able to meet with a description of such malformation. I suppose that until the vaginal orifice contracted, no suspicion of it existed, as there had never previously been any examination of the parts. I hardly know what surgery could have done. It is doubtful whether it would have been possible to close what was the natural urethra, and establish an artificial one in its usual place. The bone pipe of an ounce ball-syringe was passed daily or oftener, and the vagina syringed out. This kept the orifice from further contraction, and favored the escape of the calculi. Had the patient allowed one, the best treatment would have been a free dilatation of the orifice to admit the finger, when the situation of the urethra might have been detected, and the opinion formed during her life confirmed; whilst the urine would have had an easy escape, and much suffering been relieved.

Sterility and Conception.

Rusconi, in an article of great interest (*Gazz. degli Ospitali*, October 24, 1883), discusses one or two aspects of these subjects. Having drawn a distinction between infecundity, an irremediable condition, and sterility, a condition that may perhaps be removed, he goes on to divide this last (sterility) into two forms, mechanical and mechanico-pathological. In the mechanical form, the entrance of the semen into the body of the uterus is prevented. Mechanico-pathological sterility occurs in cases of uterine catarrh and other ailments, where, even if the semen succeed in reaching the cavity of the womb, it is only after it has been damaged chemically, and consequently is no longer active. The time and the manner of conception are then examined. The fact that fecundation may occur midway between two menstrual periods has given rise to four different theories: 1, that ovulation is not periodical in woman; 2, that the ovum may reach maturity during the excitement of sexual congress; 3, that the ovum may remain fertilizable in the uterus or oviduct; 4, that the semen retains its activity in the uterus until the ovum appears.

In regard to the accelerated maturation of the ovum from sexual excitement, is mentioned the fact that girls who have never menstruated do so shortly after their first embrace. Then the author combats the old opinion that spermatozoa can make their way into the uterine cavity if they have been already abandoned only in the vagina. Pallen, Fraer, Rouget, and Kolbert, have all shown the falsity of such a doctrine. Experiments on the dead body are then related, which seem to put it beyond doubt that semen can enter the uterus only at the time of coition. The

rectum, bladder, and superficial pelvic fascia having been removed, the veins of the genital organs were injected. The uterus rose in the pelvis, the normal curvature diminished, the anterior wall became convex, the diameter of the cervix increased, and its external orifice dilated. At the time of the greatest engorgement of the vessels, the os uteri corresponds exactly to the centre of insertion of the vagina. Additional facts are drawn from clinical observation. In some cases of completely prolapsed womb, where irritation of the clitoris gives rise to insupportable orgasm, the mouth of the organ may be observed to open. Again, Pallen observed a case where the introduction of a speculum brought on the orgasm, during which the orifices could plainly be seen to dilate. Too great an intensity of the orgasm, however, is calculated to prevent conception, owing to excess of glandular secretions. As soon as the erection of the uterus is over, the mouth closes and the semen remains perfectly shut in. Hence injections used after coitus to prevent conception are without effect; unless, indeed, uterine contraction provoked by the cold water expel the contents. Injections of this kind, however, readily give rise to uterine catarrh and so cause sterility. In the author's opinion, the cure of sterility is not easily accomplished. Occasionally the results are fortunate; most frequently, however, there are insuperable obstacles. A caution is given, finally, as to the possibility of the failure being on the man's side. He has known a lady to be three years under treatment for sterility, the incapacity being really due to her husband, owing to the absence of spermatozoa in the seminal fluid.

Suppurating Hydatid of Abdomen: Free Incision; Recovery.

Dr. Felix Jones reports this case in the *Lancet*, December 15, 1883:

"On August 1, 1881, I was called to see R. T., aged fourteen, a slenderly-made youth, who had previously enjoyed good health. The history of the case was that he had taken cold about a week before; this was followed by rigors and tenderness over the abdomen, with gradual enlargement. No vomiting, bowels constipated, urine clear and scanty. Temperature normal. Circumference of abdomen, 30¼ inches. Well-marked thrill; dullness on percussion over front and sides, as if the intestines were pushed upwards away from the abdominal wall.

"August 4. Circumference of abdomen 31 inches. Vomiting everything. Great pain in the back. Temperature normal.

"5th. Paracentesis was performed in two places in the linea alba below umbilicus, and four quarts and a half of thick creamy pus were evacuated. From this time all bad symptoms ceased, and the boy made a good recovery.

"In April, 1883, I was called to see the same patient, whose abdomen was again distending slowly and uniformly, more in front than at the sides, and simulating in appearance an ovarian tumor. No abdominal tenderness.

"May 10. As distension had increased rapidly, and the patient was much emaciated, I aspirated the abdomen in the linea alba, but no fluid came away. I tried a small trocar with the same result, the canula being blocked up with gelatinous material. The following day a large-sized trocar was used under chloroform, and about three quarts of creamy pus were removed. The swelling subsided, but there was great pain in the back. Ordered one-grain opium pill every four hours. In a few days the tumor commenced to refill.

"24th. While in the act of defecating, a quantity of pus and small hydatid cysts were expelled through the opening in the abdomen.

"June 1. Chloroform having been administered, I made an opening one and a half inches in length in the linea alba, an inch below the umbilicus, and opened the tumor; a large quantity of pus, hydatid fluid, and cysts, varying in size fram a cocoanut downwards, were expelled. I passed my finger into the cavity to remove more cysts and to explore its direction; I found it apparently connected with the pelvis. The cavity was then washed out with a weak solution of carbolic acid, and a large-sized drainage-tube inserted. Ordered one-grain opium pill every four hours, and a liberal diet of wine, milk, beef-tea, etc. The patient appeared very prostrate after the operation. The cavity was washed out twice daily, iodine lotion being substituted for carbolic, and several more small cysts came away. The temperature for the next week only once rose over 100°. An epidemic of scarlatina existed in the town at that time, and unfortunately my patient was seized with it; but, notwithstanding that serious complication, he pulled through satisfactorily, and on July 18, when desquamation had ceased, was able to go about. On October 18, I saw him again, and he looked quite rosy, and was in excellent health.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A small 12mo. volume of 68 pages, entitled "Hand-book of Eclampsia, or Notes and Cases of Puerperal Convulsions," has been prepared by five physicians of Chester county, Pa., Drs. E. Michener, J. H. Stubbs, B. Thompson, R. B. Ewing, and S. Stebbins. (F. A. Davis, Philadelphia. Price, 75 cents.) It relates the details of 44 cases in country practice, and is written with the object of showing that the correct treatment of this complication is to bleed promptly, freely, and from a large orifice. The cases were ably analyzed, and this plea for venesection should receive the most attentive consideration from obstetricians.

——In a reprint before us, Dr. E. W. Jenks, of Chicago, recites two cases of operation for fistula in ano "by a method similar to that for a torn perineum." The details are carefully stated, and the plan certainly promises favorably.

THE

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THE LEGAL RIGHTS OF BOARDS OF HEALTH.

An important decision has been pronounced by the Supreme Court of the State of Louisiana on a subject which touches a class of professional men in all the maritime States.

An act of the General Assembly of Louisiana provides that every vessel which enters the port of New Orleans shall be inspected as to its sanitary condition by the resident physician at the quarantine station, for which he is to receive a fee fixed by the law, and not in any case excessive. The payment of this fee was refused by the Morgan Steamship Company, on the grounds that its exaction was unconstitutional, that the inspection was no benefit to them, but rather a hindrance, that it was a forced contribution, and hence against the policy of a free government, and on some minor technical grounds.

The lower court gave a decision in favor of the steamship company, but on the appeal the Supreme Court reversed the decision, and ruled in favor of the Board of Health. The grounds on which it did so are so pertinent to a series of similar questions touching the duties of physicians to State and municipal matters that we shall make a pretty long extract from the opinion. After ruling out as irrelevant various minor matters, the opinion proceeds:

This elimination leaves open, on this branch of the case, the solitary question, whether the fees and charges here involved are duties in the sense of the constitution? It is the well-established jurisprudence that there are many forced contributions which government may exact from persons and property which are not considered as taxes, duties or imposts, within the meaning or control of constitutional restrictions upon the power to levy the latter. Such are contributions provided for the construction of public works for the advantage of particular districts, like levees, drainage, pavements, etc., levied on property with reference to the supposed benefits derived by the property from the works; contributions provided to defray the expenses of building bridges, erecting causeways, or removing obstructions in a water-course, and like the light duty paid by all nations to the Danes, to be paid by such individuals only who enjoy the advantage; and fees or charges for services lawfully rendered, like wharfage, pilotage

and port-warden fees, to be paid by those who receive the services. State *vs.* Navigation Co., 11 Mart. O. S., 324; Crowley *vs.* Copley, 2 Ann., 329; Lafayette *vs.* Orphan Asylum, 4 Ann., 1; etc.

As to the second point, that the services are forced and not voluntary, the reliance placed upon the decisions of the Supreme Court of the United States in the wharfage and port-warden cases seems not well founded. In those cases there was no legal duty imposed on vessels to land at the wharves or to receive the services of the port-wardens. They had the perfect right to decline these benefits and services, and the court properly held that a State law exacting contributions for them, whether used or not, was unconstitutional. But had it been the legal duty of vessels to land at a particular place in the port of New Orleans, and had the city provided expensive wharves at such places, is it supposed that she would not have had the right to exact compensation for the facilities thus afforded, although vessels landing at the port would have no option as to accepting the use of them?

Finally, it is claimed that the services rendered under these quarantine regulations are for the benefit of the people of the city and State, and not for that of the vessel. No doubt that is true. It is equally true that the object of the city in building wharves was to benefit its own people, trade and commerce. We deem it unnecessary to consider more at length the objections which have been forcibly urged against the theory that the services in question are rendered to the vessel in such a manner as to justify the exaction of compensation therefor. What we have said sufficiently expresses our views on the subject; and while the question is not free from difficulty, even to our own minds, we are confirmed in our course by the reflection that it leaves the avenue open for correction of any error which we may commit, by appeal to the Supreme Court of the United States; whereas if we should err in the opposite direction, the defendants would not be entitled to that remedy.

In the first of the cases above quoted, Chief Justice Martin said that the words, "impost, tax, or duty," as used in the constitution or laws, must be confined to the idea which they commonly and ordinarily present to the mind: exaction to fill the public coffers, for the payment of the debt and the promotion of the general welfare of the country—and not to contributions as the supposed equivalent of benefits conferred or services rendered, like those above indicated.

It is apparent from the face of the laws here attacked, that the fees and charges complained of are demanded as compensation for labor performed, expenses incurred, and services rendered, directly in connection with the vessels, the necessity for which arises solely from the fact that such vessels, in the exercise of an undoubted right, yet voluntarily in pursuit of their own interests, choose to seek the port of New Orleans, well knowing that they cannot enter said port without first being inspected, and, if necessary, purified, in conformity with laws to that extent unquestionably valid. Can it be said that the rendition of these services, by virtue of which alone the vessel is enabled, lawfully, to proceed to her destined port, is not a service to the vessel?

It is said that it cannot be considered as a service, because the vessel does not regard it as such, but rather as a burden, and because she does not voluntarily seek or avail herself of it. As to the first point, the question would seem to be, not whether the vessel regards it as a service, but whether it is a service, and whether she ought to regard it as such. It seems the plainest development of the primal duty, *sic utere tuo, ut alterum non laedere*, that a vessel should seek and desire the performance of services the object of which is to prevent the chance of her spreading disease and pestilence amongst large populations. She is under the plain obligation, moral as well as legal, to do everything to avoid such risk; and the service which enables her to perform this obligation would seem to be a service to her.

The broad proposition of plaintiff, that in the exercise of the right to establish quarantine systems, the States are bound to bear all the expense thereof, and cannot throw the burden, in any manner or to any extent, upon commerce, has certainly not yet received the indorsement of the Supreme Court of the United States.

This final "broad proposition" in reality underlies the whole question at issue, and its clear enunciation and final decision is absolutely necessary to a comprehensive system of national sanitation.

The common sense view of the case clearly is that every man and company who are engaged in a business in any way liable to injure the public health, should be made to pay a sufficient sum to the public treasury to protect the public against the injury liable to result to it from the business.

THE PRESENT POSITION OF THE GERM THEORY.

The rapid strides which pathological histology is making are gradually overtaking the elusive "cause of disease." Hunted down to the lowest forms of animal and vegetable organisms, it may now be said to have been driven out of them and into a smaller field, in which we are close upon its tracks.

Not that the relations of germs, bacteria and bacilli, are no longer of importance; they are of great importance, but they are no longer directly causal, only accessory to the true causes, as these are now understood.

To explain this it may be stated that the study of the life-histories of the lowest germs has shown that while they are present in disease, they are also in health; that they may be cultivated and inoculated without producing disease, although generally they may produce this result; and that noxious and innoxious varieties present no objective differences, and are therefore probably identical, and act differently not because they are of different species, but because they are under different conditions.

Hence, it has long been suspected that the bacilli, etc., are rather the carriers of disease than its direct producers; and the inquiry has been directed toward what it is that they carry. Is it a chemical poison, or what?

The question now seems on the verge of a reply to the effect that it is some semi-organized ferment, something of the same nature as pepsin, pancreatin, etc., but differing from these normal and health-giving ferments, in that its action is destructive or injurious to the living animal cells, impeding their functions, or attacking their integrity—resembling, therefore, the so-called *ptomaines*, and similar products of decomposition and putrefaction. In the living blood a fibrin-ferment may be rapidly liberated, which will deteriorate the blood-cells and lead to septicæmia.

The introduction and production of these ferments—which have not yet been isolated and studied in any large number—are very generally associated with germ-migration and reproduction, but not always; and there is strong evidence for the belief that this is only one of several ways by which the healthy system becomes exposed to their action.

The immediate future of the study of the causes of disease lies in the separation of the coincident phenomena from the real cause, and in the identification of these semi-organized ferments. The field thus opened is even a more difficult one than that of microscopical life; it belongs to pathological chemistry, and the methods for its successful exploration have scarcely as yet been discovered; but we may rest confident that the attention given to this central point of medical science will not long remain unproductive of practical results.

STATISTICS OF ALCOHOLISM.

Some rather startling figures have been lately published by the Bureau of Statistics, showing the consumption within the United States of proof spirits, wine, and malt liquors. The following table exhibits the total quantity of each consumed, and the per capita consumption:

	Annual av'ge for 3 years ended June 30, 1878.	Annual av'ge for 3 years ended June 30, 1883.	Increase per cent.
Distilled spts., galls.,	57,111,982	73,641,727	28.94
Wine, "	19,812,675	25,248,233	24.43
Malt liquors, "	310,653,253	508,077,788	63.55
Total.....	387,577,910	606,967,738	56.60
Cons'n per cap. gals.	8.36	11.49	37.44

These figures can be put in a different way so as to show the relation of consumption in 1883 as compared with the average of the three years ended June 30, 1878:

	Annual av'ge for 3 years ended June 30, 1878.	Year ended June 30, 1883.	Per cent. Inc.
Distilled spts., galls.,	57,111,982	76,762,063	34.40
Wine, "	19,812,675	25,885,492	30.65
Malt liquors, "	310,653,253	555,375,654	77.81

Professor Elliott, of the Treasury Department, estimates the total population in 1883 at 54,163,000. Upon that basis we have a per capita consumption of 10.18 gallons of malt liquors, 1.42 gallons of distilled spirits, a fraction below a half gallon of wine.

We here see that in spite of temperance societies, and all the efforts of the prohibitionists, the consumption of all these varieties of intoxicating liquors has increased greatly, not only absolutely,

but also in proportion to the growth of the population. As a community, as a nation, we are more given to inebriate indulgence than we were five or six years ago.

This ominous fact may well lead to serious reflection. Have the measures heretofore adopted to check this pernicious habit been ill-adapted to the end? Would it not be better if the purely medical view of the cause of inebriety were more generally received? We leave these grave questions to the serious reflections of our readers.

THE COLLECTIVE INVESTIGATION OF DISEASE.

This movement has met with great success in England, and is, no doubt, destined to aid us greatly in our warfare with disease.

The committee having the matter in charge, decide upon a certain disease which they desire to have investigated, and they then send out circulars, containing questions about this particular disease, which they request the different physicians to whom they are sent to answer from their experience.

A similar movement is on foot in our own country, and we desire now to suggest a plan by which *every* physician can make himself a benefactor to the profession, and materially assist in increasing our acquaintance with the phenomena of disease. Let each man keep a careful record of *all* his cases, jotting down notes at the bedside, and amplifying them at his leisure at home.

If he does this, and at the end of three or six months reads over his cases, he will be sure to find, no matter how humdrum may be his practice, some phenomena in some cases that have never been described. If he will then write a *short concise* article detailing his experience, and send it to some medical journal for publication, he will thus add his quota to the collective investigation of disease.

NOTES AND COMMENTS.

Bromide of Ethyl and Nitro-glycerin.

From *Breslauer Arztl. Zeitsch.*, we learn that Professor O. Berger has found bromide of ethyl useful, (1) In neuralgic conditions of the nerves of the face and head, in megrim, and in nervous headache and heaviness. The inhalation of twenty to forty drops of the remedy several times a day has lessened headache in cases where quinine, salicylic acid, caffein, and guarana, had all proved useless; and in three cases of headache connected with cirrhosis of the kidney it was better than any other remedy. (2) In neurasthenia: it is here given in doses of from one to three grammes twice or thrice a day, if necessary. (3) In epilepsy: here it is of very little use, although Bourneville and D'Ollier considered it useful. They narcotized their patients daily for ten to twenty minutes with it, but when given in doses of one gramme daily by inhalation it is useless. It is besides expensive, and causes much depression. When inhaled before or during the epileptic attack, it only prevents or cuts it short in exceptional cases. (4) In hysteria it is of more use. The attack of hystero-epilepsy may sometimes be cut short by narcotizing with it for ten or fifteen minutes, eight to twelve grammes of the drug being required. When given in doses of a half gramme to two grammes by inhalation once or twice a day, it may avert a threatened attack of hystero-epilepsy. (5) In several cases of psychical excitation, the bromide of ethyl has proved serviceable. The author finds nitro-glycerin also useful in headache.

The Dangers of Nerve-stretching.

That this valuable procedure may sometimes prove dangerous, the following case, reported by Westphal in the *Charité Annalen*, gives evidence:

A man aged 31, suffering from paralysis of the lower extremities, with spasmodic phenomena (startings of the limbs, exaggeration of deep and superficial reflexes, disturbance of sensation), was submitted to the operation of stretching the right crural nerve. Immediately after the operation a transient loss of the knee-jerk was noted, with stiffness of the muscles of the right limb. But incontinence of urine and stools, with contracture of the flexor muscles and the appearance of a large slough at the site of the operation, also appeared and endured. The patient succumbed three years afterwards. At the autopsy the brain, the pons, and the medulla oblongata were found to have islets of degeneration; the cervical and dorsal segments of the cord were the seat of a diffuse degeneration, which attained its maximum in the middle part of the dorsal region; finally, the right half of the lumbar enlargement was sown through with numerous foci of degeneration,

which Westphal considered as in all probability produced by the laceration resulting from the stretching of the right sciatic nerve. The weight of the authority makes the case worth recording in regard to the possible dangers of nerve-stretching.

Rational Hydro-Therapeutics.

Dr. George Lucas Pardington contributes an article with this title to the *Practitioner*, January 1884, which contains the following practical suggestions. A course of drinking cold water plentifully between meals has a very good effect on patients who lead a sedentary life, and whose secretions are scanty and defective; the secretions become re-established and effete matters are carried away from the circulation; the tissue metamorphosis also is rendered more complete.

The free use of cold water is of especial use in gouty subjects; the blood is diluted, the quantity of urine increased, and the excess of uric acid is rendered more easy of removal.

The action of cold water on the stomach is that of a stimulant—provided always it be taken in moderate quantities—the cold acting on the peripheral terminations of the afferent fibres of the vagus as a stimulus, causing an increase in the flow of gastric juice, and fitting the stomach for the reception of food; the movements of the stomach are also increased, and so the digestive powers enhanced. If the quantity of water taken be too large, the stomach is distended, its movements impeded, the gastric juice diluted, and digestion much impeded.

A tumbler of cold water taken on an empty stomach on rising, rapidly stimulates the peristalsis of the intestinal tract, thereby assisting in the onward passage of fæces; this well-known remedy is an excellent one in cases of habitual constipation.

Some Causes of Inflammation of the Brain in Children.

One by one the various ills that afflict humanity are being attributed to bad hygienic conditions, and now Dr. John Ward adduces strong evidence in the *Lancet*, January 19, 1884, that several cases of inflammation of the brain in children, which he has observed, were caused by defective drainage. He says:

"That morbid states of the brain may be due to a poisoned state of the blood, the frequency with which brain symptoms manifest themselves in the progress of zymotic diseases attests; and we may, I think, reasonably infer that associated insanitary conditions, which so powerfully predispose the human system to the development of the class of diseases named, may be alike provocative of the other class now under consideration. Nor should we suppose that the delicate vaso-motor nervous system, whether apprized of depressing morbific influences, present in the atmosphere, through the digestive organs, the lungs, or more immediately by its own functional activity being affected, would be slow to convey, through the blood, or more directly, to the great cerebro-spinal nervous system, with which it is so closely associated, a sympathetic influence. A period of time devoted to the interests of official sanitary work has afforded ample opportunities for observation, which appear to confirm the views herein advanced as to the association of insanitary influences with the development of brain symptoms, for the most part in children."

Curious Congenital Malformation of the Sterno-cleido-mastoid Muscles.

Dr. N. O. D. Parks, of Ashton, R. I., sends the following curious history to the *Med. Record*:

"On October 18, I was called to a primipara who had been in labor since 4 a. m. the previous day, in charge of a midwife. I found the breech presenting, and delivered her of a boy, healthy in every respect save that he was tongue-tied, and presented what I at first took to be enlarged cervical glands. These I subsequently caused to be painted with colorless tincture of iodine. This had no effect whatever in dissipating the tumors. On closer examination I then found a single cartilaginous tumor occupying the site of the sterno-cleido-mastoid, as if that muscle had been converted into cartilage; the sternal end being much more prominent, and feeling hard and rigid, exactly like the trachea. It appears to give the child no trouble, and could be manipulated quite roughly without eliciting any cry or other sign of discomfort. When the child turns his head in the direction of the tumor, it seems to cause pain by pressure on the adjacent parts. I told the parents it was useless to make any further applications to it, and that it was better to leave it to nature. As this seems, to me at least, a unique case, you may think it worthy of record, and if you or any of your readers know of similar cases, might offer suggestions as to the probable cause and treatment, if any, of such abnormality."

Lobelia Inflata in Asthma.

The *Med. Record*, quoting from the *Bull Gen. de Therap.*, says that Dr. Fournier has used lobelia

to a considerable extent in his practice for the past twenty years in cases of asthma, phthisis, and pulmonary congestion. He has not found very much advantage in its use in simple asthma; but in cardiac dyspnœa, in doses of fifteen to thirty minims of the tincture per diem, he has obtained good results as a rule. In suffocative attacks occurring in the later stages of phthisis, when all other remedies failed, this drug was often of the greatest service. It was given in a mixture of one-half drachm to eight ounces of water, a tablespoonful every hour. The author relates some cases of sudden dyspnœa occurring in the aged, in which lobelia seemed to be of the greatest value. These attacks occur very suddenly; the patients are asphyxiated and pulseless and seem to be on the point of death, and indeed the termination is usually fatal. Dr. Fournier regards them as due to congestion of the lungs from paralysis of the vaso-motor nerves. In congestion from other causes the influence of lobelia is slight.

Humane Blistering.

When we think how painful the results of blisters are to our patients, and yet how valuable they are, we will hail with pleasure the following suggestion of Dr. Samuel Stretton in the *Brit. Med. Jour.*, January 26, 1884:

In an illness about fifteen years ago, I myself suffered considerable distress following the application of a large blister (which, no doubt, was instrumental in saving my life); but since that time I have never directed a similar torture for others, though I obtain satisfactory results from the blistering process I do employ. I direct the surface requiring such counter-irritation to be well covered with annular blisters about the size of the human iris, cut from vesicating tissue with an ordinary gun-punch, the centre being extracted with a punch of small size. Once secured to the surface, and covered with cotton-wool and bandage, these blisters require no further attention. The discomfort created is so slight that I never meet with the slightest resistance to their application.

Ulcerous Typhoid Sore Throat.

Dr. E. Rapin (*Rev. de Therap.*, January 15, 1884,) thus formulates his experience:

1. Typhoid fever affects the throat more often than is generally supposed; in fact, the first symptom may be a sore throat of an ulcerous nature.

2. The ulcerations are superficial, rounded, or, more usually, oval, with a slightly elevated border, hard floor, ordinarily indolent, and generally situated on the anterior pillars of the fauces, and on their anterior face.

3. Their diagnosis is sometimes very difficult; it is only by frequent examination and attention to the general symptoms that they can be certainly recognized. These ulcers seem specially to affect the lymphatic system; the lesions of the lymphatic apparatus are identical with those found elsewhere in the course of typhoid fever.

4. Their development is due to the direct penetration of the typhoid germs into the follicles of the faucial region.

Cancer of the Rectum.

Prof. Trélat (*Rev. de Therap.*, Jan. 16, 1884), formulates the following propositions in reference to treatment:

1. Cancers of the rectum which do not cause accidents should be left alone.

2. Cancers of the very extremity of the rectum, or of the margin of the anus, should be extirpated.

3. Accidents should be treated as they arise, but palliative measures are to be avoided. In this respect, he is in accord with Prof. Verneuil, but opposed to many English surgeons.

4. When the finger can be passed beyond the cancerous mass, rectotomy should be performed, otherwise not; but a way of derivation should be made by lumbar colotomy or by forming an inguinal anus.

Neuralgia of a Labium.

In one of our English exchanges, Dr. J. Matthews Duncan says: "I have never seen any neuralgia more intense than that of the cord in the male. One case in a clergyman I can never forget, it was so very severe. In woman I have only seen it distinctly a few times. The worst case was that of a stout old lady liable to bronchitis and asthma, In her it came only occasionally, but when it did come it was so severe as to cause much alarm; the pain ran along the cord or rather the round ligament in the right inguinal canal, and was most severe in the corresponding labium. It was soothed by kind attention, hot bathing being generally used, sometimes anodyne applications to the skin."

The Micro-Organism of Gangrenous Septicæmia.

From a foreign exchange we learn that Messrs. Arloing and Chauveau communicated, in July last, to the Société des Sciences Médicales de Lyon, the results of their researches on gangrenous

septicæmia. They are of opinion that the disease is caused by a special bacillus, which they have found around the wounds and on the phlyctenæ. The bacillus has the form of a short rod, provided with one or two spores, and can be inoculated by injection. Tissues deprived of their vitality, or disorganized by hæmorrhage, are most favorable to its action and reproduction. When fresh, the bacillus can be destroyed by a temperature of 90° to 100° C.; but, after desiccation, a temperature of 120° C. is necessary. Sulphurous acid and a warm solution of carbolic acid (5 per cent.) are, after heat, the best means of destroying this micro-organism.

Spasmodic Winking.

How often do we see boys and girls, otherwise attractive, rendered unpleasant to themselves and to others by a constant winking or twitching of the eyelids, which is usually attributed to "nervousness," and the hope expressed that "they will outgrow it." In *Memorabilien*, Dr. Friedreich Betz relates the history of a boy, fourteen years of age, who had suffered for several years from a bilateral nictitating spasm of the eyelids. Several physicians had attempted to relieve him, but in vain. The boy was healthy, and his eyesight good. He had, however, very long eyelashes, and the edges of the lids were reddened. Betz performed epilation of numerous lashes above and below on both eyes. The treatment was immediately successful.

How to Create Good Feeling Between Teachers and Students.

The number of professors at the German Universities is so great, and the reverence of the students so enthusiastic, that the celebration of some form of jubilee or another is a never-ending occurrence. That of Professor DuBois-Reymond has only just finished, amidst great enthusiasm, and now preparations are being made to commemorate the fact that just twenty-five years have elapsed since the renowned clinical teacher, Professor Frerichs, accepted the call from Breslau to Berlin. These celebrations are very commendable, as they serve to keep up a good feeling between the professors and the students.

Hydrastis Canadensis in Painful Menstruation.

In one of the recent numbers of the *Archiv. fur Gynäkologie*, Prof. Schatz calls the attention of his colleagues to the value of tincture of hydrastis in many cases of painful menstruation, which hitherto have been supposed to need operative interference. The hydrastis contracts the vessels and lessens the genital congestion. Often by its use the pain attending the menstrual epoch is diminished or wholly removed. The preparation which Prof. Schatz uses and recommends is the fluid extract, as prepared by Messrs. Parke, Davis & Co., of Detroit, Michigan.

Cases of Trichinosis.

A report of sixteen cases of trichinosis from the Cologne hospital has been made by Dr. Leichtenstern. The more severe cases were characterized by high continued fever, the temperature reaching 106°–109°, which is attributed to the myositis. The disease lasted from fourteen days to eight weeks. Cold baths reduced the temperature. Quinine was of no value, while salicylate of soda seemed to have a favorable action. For the pains, tincture of gelsemium, application of ice bags, and subcutaneous injections of morphia were valuable, while bromide of potash and warm baths were useless.

Experiments with Cotoin.

An Italian physiologist, Dr. P. Albertoni, has been studying the action of cotoin. The extract obtained by æther from the coto bark is but slightly soluble in water, but readily so in alcohol and alkalies. In small doses to persons in health, it increases the appetite and does not produce constipation. Its action in checking diarrhœas is explained by Dr. A., though its observed effects of actively enlarging the small vessels of the intestines, and thus increasing their nutritive force, which, in diarrhœa, is impaired, and the food-material remains in the bowel as an irritant. He combines the cotoin with subnitrate of bismuth.

The Vomiting of Pregnancy.

From the *College and Clinical Record* we learn that Prof. Parvin believes that very many cases of the vomiting of pregnancy are due to coitus. In the treatment of this affection, he places at the head of the list tr. nuc. vomicæ, gtt. ij-iij every two or three hours, or else gtt. x before meals. Getting the idea from the similar successful treatment of ether nausea, he suggests water as hot as it can be drunk.

Iron Subcutaneously.

Some observations on the hypodermic use of iron have lately been published by Dr. Glaeveke. He used a ten per cent. solution of the *ferrum citricum oxydatum*, Germ. Pharm., which never pro-

duced ulceration. The iron passes off by the kidneys within twenty-five hours. The place of election for the injections is the nates or muscular tracts of the back. The iron solution should be made anew every two or three weeks. Given in excess, the drug produces symptoms of general malaise, sick stomach, and prostration. Its therapeutic effects in proper cases are prompt and satisfactory.

Tincture of Iodine in Papular Eczema.

Dr. L. D. Waterman writes to the *N. Y. Med. Jour.*, that in a recent case, started by two doses of morphine acting on an idiosyncrasy, where all soothing ointments, lotions, and internal treatment failed, I painted the aggregations of papules with Churchill's tincture of iodine, putting on three coats, well dried in, each time. Two would probably have done, for it blistered the whole surface. But in five days the cuticle peeled, the skin was left sound, and all the outlying untouched eruption had entirely disappeared. The cure was complete.

The Warm Foot-Bath.

If the observations of Dr. Sciolcowsky (*Memorabilien*, No. 7, 1883), are to be credited, our usual notions about the action of a warm foot-bath on cerebral hyperæmia are erroneous. He used water at a temperature of 92° to 97°, and found that while the temperature in the rectum fell, that in the axilla and external auditory meatus was increased.

Curative Gymnastics.

In one of our English exchanges Dr. Wahltuch points out the value of modern gymnastics and massage, if executed by competent and skillful manipulators, in predisposition to phthisis, in sluggishness of the abdominal muscles and digestive organs, in strumous disease, in rickets, in spinal curvature, in uterine affections, in hysteria, and in paralysis.

An Unsuspected Source of Disease.

Since parasites do infest everything organic, we are not surprised to read in the *Rev. Scientifique*, January 5, 1884, that M. Joannes Chatin has found a parasite in the common onion that gives rise to disease. M. Pasteur, who has examined it, finds it similar to the parasite of mildew in wheat, but with less vitality. The affected plants should be pulled up and burned.

CORRESPONDENCE.

The Practice of Vivisection.

EDS. MED. AND SURG. REPORTER:—

In the REPORTER of the 16th inst., under the title, "Anti-vivisection," remarks upon this subject are made having personal application to myself, although my name is not given. Of the meeting to which allusion is made, notice was contained in most of the papers the next day, my name, with many others, appearing. My position in reference to vivisection, my opinions and acts in relation thereto, may briefly be stated. A few years ago a paper appeared in *Scribner* entitled "Vivisection, Does it Pay;" The writer (his name escapes me), treated the subject frankly, rationally, and with due courtesy, arriving at the conclusion that it did not pay, as the benefits were not commensurate with the torments inflicted upon thousands of defenceless, helpless animals. To this ensued, in the same magazine, a rejoinder from the pen of Prof. H. C. Wood, written in the earnest, frank, and decorous style of the other paper.

Some time subsequent to the issue of his paper, I informed Dr. Wood that a third paper would probably appear, advocating neither entire prohibition of vivisection, nor leaving the door open to its indiscriminate practice by every one, but simply a restrictive act. To this he replied that he could see no objection, if not too rigidly restrictive. But again, another gentleman, holding a most distinguished position in the profession, pre-eminent in his devotion to the study and treatment of obscure affections of the nervous system, and, like Prof. Wood, enjoying a world-wide celebrity by his contributions in elucidation of difficult problems in physiology, pathology, and therapeusis, has intimated to me his concurrence in the sentiment of Dr. Wood in regard to a moderately restrictive act. Is there anything surprising in this accord of opinion? There are, probably, in this country not two other persons engaged in this line of research, who so perfectly comprehend, in all points, its difficulties. These admissions, then, do honor to both head and heart, and justly merit commendation and approbation.

My own paper, entitled "Thoughts upon Vivisection, with Reference to its Restriction by Legislative Action," was read before the College of Physicians June 1, 1881, and was decidedly conservative. In view of this statement I cannot feel that there is ground for the intimation of fanaticism on my part, nor that anything said by me, at the meeting alluded to, should have excited surprise. So far as obedience to legal enactments is concerned, there will always be found those who will disregard them, yet the experience upon this point, in England, is favorable, and would probably be no less so in this country.

GEORGE HAMILTON, M. D.

Philadelphia, February 18, 1884.

Scarlet Fever Contagion Conveyed by Letter.

EDS. MED. AND SURG. REPORTER:—

Believing what I have to write will be of interest, I ask to report some cases of scarlet fever as

occurring in my practice during March 1882, which I think will be almost conclusive as to the conveyance of the contagious material long distances.

I was called March 13 to the family of Mr. Muher to see one of his children. This child was 6 years old, had high fever; sore throat, which on inspection showed the characteristic redness of scarlet fever; had vomited some hours before I saw it; the pulse was frequent, and the nervous system was considerably affected, characterized by startings and restlessness; in fact, all the symptoms pointed to scarlet fever. I informed the parents what I thought was the trouble, when the mother said: "Doctor, how is that? I have always understood that people did not take the scarlet fever without catching it from some one else." I told her that was recognized in medicine as a fact. She said, "Well, then, this is not scarlet fever, as my children have not been off the place (this was in the country, and the nearest neighbors were a half-mile distant,) for two months." I said, "Well, I can't help that, this child has had some chance to get the disease."

This case was a typical ordinary case of scarlet fever, going through the usual changes until recovery took place. In four and five days respectively two other children came down with the disease. There were four children in the family, aged 9, 6, and 3½ years, and 3 months respectively. There was nothing peculiar in any of the cases; all recovered without accident or sequelæ.

I was curious to know how the children got the disease. The mother (who, by the way, is a very intelligent woman) informed me that the family had occupied the house for three years; said the children had not been away from the farm for two months, and that no one had been in the house who had had the fever or been where it was. In fact, I myself had not known of nor heard of a case of the disease for some months anywhere in the county. So in talking of the strangeness of the cases, and of the disease in general, the mother said they were having it in Illinois, that they received a letter from her brother only a short time before, stating that her brother's family had just lost a child with scarlet fever. This letter contained a photograph. The letter was received only seven days before the first child was taken sick, and the children all handled the letter and picture. I am convinced that the letter carried the contagious material in these cases, at least in the first case. I neglected to say that the babe three months old escaped.

E. F. Cowger, M. D.

Riverton, Iowa.

"The Question of Women Doctors."

Eds. Med. and Surg. Reporter:—

I notice the comment of one of your readers upon the "question of women doctors," who apparently is oppased to women entering our profession on the ground that one female is interfering with his practice. I think the doctor rather selfish, and disposed to narrow the question down to whether or not he can successfully compete with the enterprising wife of an employee of the railroad, who, being free from "responsibility," has captured some of his best families "by talking to the ladies." Now if the doctor has been practicing in his village for a longer time than this lady, and she can take from him the "lion's share of the practice," perhaps a more enterprising *male* physician could have done the same thing.

The doctor says "it is not right that we should encourage those who support no one, thus to rob us of our livings." Perhaps this lady does not support a large family. Is that any reason why we should discourage lady practitioners of medicine? Is this all the doctor is practicing for, to support his family? If so, and there are many such in the profession, the sooner we have a radical change of some kind the better for us.

The doctor should remember how much greater a task it was for this lady to attain a medical education than for him, exposed to the jeers of the opposite sex in dissecting-room and amphitheatre; her *frailer* body and her physical inability to endure the hardships of the physician's life, and the avenues for acquiring a "living" that are closed to her on account of her sex.

The doctor may lose his place for a time in the best families of his village, but when some affliction of an extraordinary character appears among the children of the families he has lost, I am afraid this enterprising lady may be requested to call in the doctor who has been "doing their practice?" Why? Because she is a woman. Women have little confidence in women as physicians. When a disease of a serious nature presents itself, men, heads of families, less. And if there is a niche in medical practice that woman can fill even temporarily, don't discourage her.

If there are women who, from a modesty inborn, suffer in silence rather than consult a medical *man*, the sooner we have competent *women* for them to consult, the better for humanity.

"But in our profession," you say, "the fact is well known that it is not an easy matter for an unmarried man to secure family practice." If this is so, and we have doctors who are too poor to support a non-professional wife, let them marry these independent female M.D.'s as soon as they have completed their education; this will do away with the Dr.'s plea of lack of "responsibility," and our now unmarried physicians will be "*doubly* light and girded for the race." * *

James M. Donelan, M. D.

Glenwood, Iowa.

Use of Carbolic Acid Hypodermically in Hemorrhoids.

Eds. Med. and Surg. Reporter:—

I am induced to reply to the enquiry of Dr. S. W. D., of Virginia, in No. 7, by the request of a prominent gentleman in the profession in Philadelphia. I would respectfully refer to a report made in the July number of the Medical and Surgical Reporter, 1878, page 21. The patient reported is at this time attending the Law School in Philadelphia, and has had no return of hemorrhoids. Since the date of the report I have had frequent occasion to test the power of carbolic acid hypodermically, and with unvaried success.

How to proceed: If the pile is external, you place your patient on a table with the body on the right or left side, the anal extremity to a good

strong light, the knees drawn towards the stomach; the patient assured that there will be but little pain or suffering; the operator seated. Now pack the protruding pile with cotton wool saturated with cosmoline. Charge a good new hypodermic syringe with 6 to 8 drops of No. 1 Calvert's carbolic acid (fluid), fix the needle, insert it into the protruding pile, fill the pile carefully (skillfully), and the ordinary patient can get up, go about his business, and have little or no trouble. Treat one pile at a time; if more than one, let the parts operated on heal up before another is attacked.

The pain is likened to the sting of a bee, and is followed in a moment or two with a feeling of comfort. The pile being in a state of inflammation does not forbid the treatment, but rather invites it.

The periods between treatments may be 6 or 8 days. I allude to cases where more than one hemorrhoidal tumor presents itself.

When the enlargements or hemorrhoidal tumors are within the anal opening or contraction, a rectal speculum may be used, and can be gotten at any good instrument-maker's—I prefer those *with a slide of glass*. Place the sufferer on a table as before directed, take a small gutta-percha vaginal syringe, charge it with sweet oil, enter the anal region with it and anoint the rectum, withdraw the syringe, and introduce the rectal speculum. The natural color of the mucous membrane lining the rectum is "pale pink—almost white," an internal pile "sack" is of dark red or purple color, showing congestion.

The speculum should be so placed as to show the purple engorged spot; the glass slide should be carefully and slowly withdrawn until the engorged mucous membrane drops in a situation to be reached with the needle of the hypodermic syringe. The needle for internal operations should be about three inches long, and have a partially bent point—the bend to be just at the point. Piles are usually in the verge of the anus, or on either side of the internal region. I have never found them back or front.

Several times there has been some hæmorrhage, which has always yielded to the application of a solution of ferri subsulphas, either locally or by injections.

J. W. C. O'Neal, M.D.

Gettysburg, Pa.

News and Miscellany.

The Effects of Cotton Sizing on the Health of the Operatives.

The *Med. Times and Gaz.*, December 8, 1883, contains the following practically valuable remarks:

Dr. J. H. Bridges and Mr. E. Haydon Osborn, the Commissioners appointed by the Home Office to inquire into the effects upon the operatives of the process of heavy sizing in cotton manufacture, state in their report that though notable changes have taken place during the last ten years in the proportion of the various ingredients used in the process, the amount of dust in weaving-sheds has not proportionately increased. There is no doubt that the change effected by steaming the atmosphere of weaving-sheds is to create an artificial climate of a somewhat tropical and relaxing kind, whilst there is a great unwillingness to admit fresh air into the weaving-sheds owing to the artificial and unstable composition of the warps. During frosty winter afternoons, and when steam-jets have been for hours in full operation, and when the products of gas combustion have been added to the exhalations from the lungs of the work-people, the atmosphere of a weaving-shed must be in a high degree injurious to constitutions predisposed to pulmonary disease or dyspepsia. The conditions of the work are not such as to prevent that large proportion of work-people whose constitutions are naturally vigorous from following their calling without serious inconvenience. But there remains the proportion, always very considerable, who have a constitutional tendency to one form or other of rheumatic, phthisical, or dyspeptic ailments. Such tendencies cannot fail to be intensified by working continuously in an ill-ventilated atmosphere pervaded by mineral dust or rendered artificially damp. The remedies recommended by the Commissioners are —first, that those processes by which very large quantities of size can be incorporated with the warp without necessitating the diffusion of dust or moisture, but which are at present trade secrets, should become generally know and applied. Secondly, that more effective means should be taken to apply these means where they exist. In many dusty occupations, notably in that of flax-heckling, it is a most important mitigation of the evil that they are carried on with open windows. The air of the work-room, where this is the case, is probably changed more than a score of times during an hour. It may be doubted whether with the majority of weaving-sheds it is effectively changed once during the working-day. Thirdly, that as the business of weaving has become from various causes one of great complexity, and requires an amount of skill, and even of scientific knowledge, such as appeared to the Commissioners to be not unfrequently wanting, measures should be taken for diffusing elementary information with regard to the qualities of the atmosphere. In a manufacturing process in which the quality of the atmosphere is so important, it might have been expected that means would be taken to ascertain with some precision facts capable of such easy and exact measurement as temperature and moisture. Yet it is very rare to find a thermometer in a weaving-shed; and a hygrometer, simple though the instrument is, appears to be entirely unknown. The diffusion of elementary information on these two points, combined with a recognition of the paramount importance of ventilation, would go far towards the provision of remedies, or at least of effective palliatives, for the evils complained of.

Contra-indications for the Administration of Anæsthetics.

After reporting a case of death from heart-clot following etherization (*Boston M. and S. Jour.*, December 13, 1883), Dr. Francis Minot says:

So far as we are justified in drawing conclusions from a single observation, we may learn from the above case:

1. That etherization is not altogether safe for a

patient with a large effusion in the chest, and should not be employed if it can be avoided.

2. That when employed, unusual care should be taken to prevent accidents, and especially that the patient should be inclined towards the same side with the effusion.

The case also confirms Dr. Bowditch's law, that the presence of blood in the fluid removed from the chest is a strong presumption in favor of cancer of the lung or pleura, or both.

The Berlin Polyclinic.

This institution celebrated last November its first anniversary day. During this time more than two hundred medical men, amongst them many strangers, have visited the Berlin Polyclinic, in which at present the following specialities of medicine are taught:

1, Ophthalmology; 2, Operative Surgery of the Eye, and Practical Instruction in the use of the Speculum Oculi; 3, Neuropathology and Electrotherapeutics; 4, Laryngoscopy and Œsophagoscopy; 5, Otology; 6, Physiology; 7, Dermatology; 8, Syphilitology; 9, Histology; 10, Forensic Chemistry.

These specialities are taught in monthly courses, which begin every first working day of the month, and last every day during the whole month, except Sunday and holidays.

To the Berlin Polyclinic two laboratories, one for chemistry and one for histology, are attached. In both, medical men find ample opportunity for executing researches on scientifical objects. The first of January a third laboratory, destined for working in bacterioscopy, will be opened. At the same time a monthly course of bacterioscopy will be united to the other courses.

A Good Example for County Societies.

In view of the enormous number of half-cut doctors that are annually licensed to prey upon the community, it affords us pleasure to note that the Trumbull County Medical Society, of Ohio, at its meeting January 31st, passed a series of resolutions which provides for securing a preliminary examination of all proposed students of medicine who enter the offices of the members of the society.

A board of examiners is appointed, before which all applicants for admission as students of medicine under the tuition of members of the society must pass a satisfactory examination in fourteen different subjects. The examination is in fine about the equivalent of that demanded for admission to a classical college.

Medicine among the Primitive Irish.

In the *Dublin Jour. Med. Sci.*, January 1884, Dr. A. Macalister tells us that the primitive Irish did not, apparently, consider medical science as a branch of general culture; and from O'Flaherty we learn that in the University funded at Tara in the third century by Cormac MacArt, the schools were of military science, of history, and of law—none of medicine. In these, and even later in early Christian times, the physicians were a set of hereditary dependents attached to the leading septs or families. Thus the O'Hickeys were the physicians to the O'Briens of Thomond; the O'Lees to the O'Flahertys; the O'Sheils to the MacCoghlans and to the MacMahons of Oriel.

A Portable Disinfecting Oven.

Dr. Albinois, of Marseilles has designed a portable disinfecting oven which, it seems, possesses much merit. It can be carried from place to place, since four men can easily handle it. Half an hour and a very small quantity of fuel suffice to produce the necessary heat, and there is a small vessel for the evaporation of fumes derived either from thymic or carbolic acid placed within the oven. The apparatus is made of iron, and only costs $110.

The Moses Taylor Hospital at Scranton.

Mr. Moses Taylor, of New York, bequeathed $250,000 to this hospital; and now his daughter and her husband, Mr. and Mrs. Percy Pyne, have presented $100,000. It is a great pleasure to record charitable bequests to hospitals and educational institutions, and we only wish that we had much more of it to do.

Where American Pork Can Go.

The Department of State has received a telegram from Mr. Eugene Schuyler, United States Minister to Greece, saying that the prohibition of the importation of pork from this country into Greece has been abolished.

Items.

—Prof. Bartholow strongly recommends salicylic acid, either by injection or internally, in large doses, for cystitis. Administed by the mouth, it acts after being excreted in the urine.

—Panklastit, a new explosive, said to be more powerful than dynamite, is made by the action of hyponitric acid—generated by heat from nitrate of lead—on carbon bisulphide.

—An interesting pathological and clinical account of cases of trichinosis observed during the recent severe epidemic at Emersleben may be read in the *Gazette Médicale de Paris* for January 12.

—The immense crematory at Rome is in almost daily use. Cremation is becoming daily more popular, and bids fair soon to dispose of more corpses in the Italian capital than does the old-fashioned burial.

—Prof. Gross suggests the following:

℞.	Tinct. cantharidis,		℥ iss.
	capsici,		gtt. xx.
	Glycerini,		℥ ss.
	Aquæ cologniensis,	q.s.ad	℥ vj.

Sig.—"Hair Tonic." M.

—Prof. Gross strongly cautions against telling a man with a history of any kind of a sore on his penis that he does not have syphilis, until three months have elapsed from the last connection. The sore may not be a chancre, but a chancre may be incubating.

—*Nature* reports that Prof. Heiberg, of Christiania, has demonstrated the presence in the air-passages and pulmonary substance of hares of a form of strongylus, both barren and charged with ova, which would appear to be the cause of an otherwise unexplained mortality among these animals in the autumn of last year in the district of Eidswold, in Norway.

—A set of rules regulating the mode in which medical instruction is to be imparted to women in local colleges, and setting forth the terms upon which females are to be admitted to medical degrees, has been published under the authority of the Bombay Government.

—At the meeting of the Royal and Imperial Society of Physicians at Vienna on October 19 (*Wien. Med. Blätter*, October 25), Professor Drasche gave some information regarding the spread of cholera by means of washing; three laundressss in a laundry in Dornbach having fallen victims after washing clothes from hospitals in Vienna, where sporadic cases of cholera had occurred.

OBITUARY NOTICES.

JOHN L. H. SESSUMS, M. D.

Dr. John L. H. Sessums died at Lonoke, Ark., after a lingering illness, January 19, 1884. He was a graduate of Bellevue Medical College; a good physician, a fine surgeon, an honorable citizen.

DR. GEORGE P. OLIVER.

Dr. George P. Oliver, President of the Medico-Chirurgical College, died suddenly on Wednesday night at a meeting of the Knights of the Golden Eagle, of which he was the founder. Dr. Oliver, who was about 56 years of age, was born in Kensington, Philadelphia, and all his life, with the exception of a few years spent in New York, has resided in this city. He was a graduate of the Philadelphia Medical College in 1851, and of the University of Pennsylvania in 1859. He was a prominent member of a great many Orders, among which were the Masons, etc.

DR. J. R. EVANS.

Dr. J. R. Evans, who died recently of paralysis at his residence in Branchtown, Pa., was one of the most prominent physicians of Bucks county. He was a member of many medical societies and the Masonic fraternity. He was 57 years of age, and a very large and muscular man, weighing 250 pounds.

DR. CHARLES M. FORD.

Dr. Charles M. Ford, a prominent physician of Washington, died lately at his residence on Capitol Hill. Dr. Ford was about 43 years of age, and was a native of New York. He studied his profession in Philadelphia, and after being graduated, entered the Union Army as a surgeon attached to a New York regiment.

QUERIES AND REPLIES.

EDS. MED. AND SURG. REP.—

Has the amputation of the uvula in males or females anything to do with sterility?

By placing this among your "Queries and Replies" you will greatly oblige B.

Dr. B. B. G.—Your inquiry is answered by the letters of Drs. O. Neal and Barr on the carbolic acid treatment of piles.

Dr. Alphonso, of Pa.—As an excellent prescription in dyspepsia we give:

℞.	Jensen's pepsin,	grs. 192
	Sherry wine,	℥viss.
	Glycerin puris,	℥iss.
	Acid tartaric,	gr. v.
M.	S.—f. ℥j. after meals. (Gr. iij. to f. ℥j.)	

Dr. J. G. S., of California, writes to inquire of readers the best treatment for the following case:

"Six months ago I attended a patient in her 'first labor.' She made a good recovery. For the past four months she has had no control over her 'bladder.' 'Incontinence' of urine whenever she stoops over or coughs. The 'walls of the vagina' seem to be completely collapsed and fill up the passage; the 'womb' but slightly prolapsed."

Ans.—Excision of the vaginal walls with a view to promote narrowing by cicatrization would seem to offer a fair hope in such a case.

EDS. MED. AND SURG. REP.—

In reply to Dr. S. W. D., of Virginia, concerning use of carbolic acid, hypodermically, in hemorrhoids.—During the last four years I have used this treatment; also advised and assisted in its use beside my own cases. Result always favorable and permanent, the indication for treatment being an indurated internal ulcer. Frequently, when several are present, the treatment of the largest will relieve the entire trouble. Very little pain follows the application. Let the bowels be moved by light purgatives in morning, and cleansed by injection just before operation. Inject into centre of largest ulcer two or three drops pure cabolic acid; follow with opium suppository, and rest in bed a few days. This treatment has afforded me much more satisfactory results than any other. Respectfully,

D. M. BARR, M. D.

1902 *Spring Garden street, Philadelphia, Feb.* 18, 1884.

MARRIAGES.

BRACKEN—ROBINSON.—At Rockaway, N. J., February 13, 1884, by the Rev. Albert Erdman, D. D., Henry Martyn Bracken, M. D., L. R. C. S., Edinburgh, of Thompson, Conn., and Emily M. L. Robinson, of Morristown, New Jersey.

DIEHL—LIVINGSTON.—At Hoboken, N. J., Thursday, February 14, 1884, by the Rev. George C. Houghton, Dr. William Diehl, of Philadelphia, to Annie, daughter of I. Menzies Livingston.

GRAY—BARNETT.—At the residence of the bride's parents, in Louisville, January 27, 1884, Dr. D. A. Gray, of Little Rock, Ark., and Miss Isora E. Barnett.

HENSCHEL—KNOEDLER.—At the residence of the bride's mother, in New York, on Tuesday, February 5, 1884, by the Rev. Father Ducey, Edward K. Henschel, M. D., and Marie Leonie, daughter of the late M. Knoedler.

KING—CLIFTON.—At the residence of the bride's parents, 1427 North 12th St., this city, on Wednesday evening, February 13, 1884, by the Rev. Jos. D. Newlin, Dr. William R. King, of Washington, D. C., and Miss Helen P. Clifton.

MATHERS—MILLER.—At the residence of the bride's sister, Park avenue, Walnut Hills, Cincinnati, Ohio, February 14, 1884, by the Rev. Jas. Stanley, T. H. Mathers, M. D., of New Westminster, British Columbia, and Ida May, second daughter of Wm. Miller, Esq., Cincinnati.

SHIPLEY—TABOR.—At the home of the bride, February 3, 1884, Dr. Henry T. Shipley, of Lisbon, Dakota, and Miss Mary Jennett Tabor, of Frederickstown, O.

STEANS—FOSTER.—In Mifflinburgh, Pa., February 5, 1884, by Rev. W. I. Steans, assisted by the Rev. Isaac Grier, D. D., John Charlton Steans, M. D., and Elsie Chambers Foster.

DEATHS.

BRODHEAD.—At his hotel in Waynesboro, Burke county, Georgia, February 6, 1884, Dr. Cicero Brodhead, of Delaware Water Gap, Pa.

EVANS.—In this city, February 9, 1884, Dr. J. R. Evans, aged fifty-seven years.

KENDRICK.—In New York, after a short illness, Dr. Thomas C. Kendrick, in the fifty-sixth year of his age.

WATTLES.—In this city, February 12, 1884, George H. Wattles, M. D., aged thirty years.